TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physical and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be Page 4 may be retained by the hospital or attending physician.

executed within 24 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND DIVISION 0497 CERTIFICATE OF DEATH

				Y U L L					
1	1.	PLACE DF DEATH a, COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: R	esidence before admission)					
		Calve IT MARYLAND	a. STATE b. COUNTY	host					
	_	b. CITY OR TOWN (if outside corporate limits. C. LENGTH OF STAY IN 15	c. CITY OR TOWN (If outside corporate limits, write RURAL	and give nearest town)					
		write RURAL and give nearest town)							
		d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, glyé street address)	d. STREET ADDRESS	e. IS RESIDENCE					
		The investment of the street address)	G. SIKEEI ADDKESS	ON A FARM?					
7	(alvert County Hospital		YES ND					
	3.	NAME OF First Middle	Last 4. DATE Month	Day Year					
		(Type or print) Lock e	DEATH OF	29 1966					
	5.	SEX 6. CDLOR OR RACE 7. MARRIED NEVER MARRIED 8	B. DATE OF BIRTH 9. AGE (In years IF UNDER last birthday) Months						
		M WIDOWED DIVDRCED	ty 5, 1875 last birthday) Months	Days Hours Min.					
		. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS DR	/ II. BIRTHPLACE (County & State, or foreign country) 12. CI	TIZEN OF WHAT					
	aur	Ing most of working life, even if retired) INDUSTRY	* Colition to me	DUNTRY?					
	13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME	0,//					
		73100 la Bond	E/- 75	ACT L ST					
	15	WAS DECEASED EVER IN U.S. ARMED FORCES? 1 16. SOCIAL SECURITY NO. 17.	INFORMANT Address	-					
	(Ye	s, no, or unknown) (If yes give war or dates of service)	Address //	8/1/					
-		No - 219-32-2048 (a)	herino Hance + 5/and (to	ck, 17a.					
	1	18. CAUSE OF DEATH [Enter only one cause per life for (a), (b), and (c),1)	7	INTERVAL BETWEEN ONSET AND DEATH					
		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ONSET AND DEATH ONSET AND DEATH							
		4500 DUE TO 1							
		Conditions, If any, which) (b) (almentiged leven-selection)							
		gave rise to immediate							
	1	underlying course fact							
	NO	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA	TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1/a)	119. WAS AUTDPSY					
	ATI	STATE OF THE PARTY	The 10 the remainment of the Admitted distribution (a)	PERFORMED?					
0	FI	200 ACCIDENT WAS INDEDIVING FT. 20b DEPORTE HOW IN HAV COM	PRED (Salar nature of Jahren la Book Las Book 11 of live 10	YES ND					
	CERTIFICATION	20a. ACCIDENT WAS UNDERLYING ☐ DR CONTRIBUTING ☐ CAUSE DF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RRED. (Enter nature of injury in Part I or Part II of Item 18.)					
		A contract to the second secon							
	MEDICAL	factor	CE OF INJURY (Home, farm, 20f. (City of town) (Coury, street, office bldg., etc.)	nty) (State)					
	MED	P.m. 19 While Not While at work	12/1//	/					
	1	21. I certify that (I) (this hospital) attended the deceased from	an 1963 to kin 1 19	that (I) (we) last					
	15		death occurred atM, from the causes and on the						
		22a. SIGNATURE		ATE SIGNED					
		(Mullower) M.D.	ATTENDING MED. STAFF DIRECTOR PHYS.	90/66					
		22c. PHYSICIAN'S	/ 22d. ADDRESS	1					
		NAME (Type) (L SEVI 1/4 R R CFOC) perme						
	23a		OR CREMATORY 23d. LOCATION (City, town or cou	inty) (State)					
		REMOVAL (Society) Feb 3 1966 Christ Church	b Cemetary lost beaublice	Calast Mil					
	24	FUNERAL DIRECTOR	1 25a. REC'D BY REGISTRAR 25b. REGISTRAR	8 SIGNATURE					
1	0	A Harkner - Day Dat Re out Tin	nd. FFB 8 1956 Climbe	- Cular					
3	V	M. Marin C35 Den Lox 11 factive)	DATE	The state of the s					

VR AIS (4) 20M 1/65

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 00498 CERTIFICATE OF DEATH

UUJU					181-917.7
1. PLACE OF DEA	тн		a STATE	h coll	nstitution: Residence before admission)
	Calvert	MARYLAND	100 704 7	and	Calvert
b. CITY OR TO write RURA	WN (If outside corporate IIm Land give nearest town)	its, c. LENGTH OF STAY IN 1	c. CITY OR TOWN (f outside corporate limits, w	rite RURAL end give nearest town)
Owing	rs	l year	Huntin	G -	1-1
d. NAME OF H	OSPITAL OR INSTITUTION (If	not in hospital, give street addre	d. STREET ADDRESS	S	e. IS RESIDENCE ON A FARM?
	ett's Nursing				YES X NO
3. NAME OF DECEASED	First	Middle	Last	4. DATE Mon	th Day Year
(Type or print		REBECCA	BOWEN	DEATH Janu	ary 22 1966
5. SEX	6. COLOR OR RACE 7. M.	ARRIED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR IF UNDER 24 HRS.
Female	White WI	OOWED OIVORCEO	June 7,1877	88 yrs.	Months Deys Hours Min.
10a, USUAL OCCUPA	ATION (Give kind of work done rking life, even if retired)			County & State, or foreign count	y) 12. CITIZEN OF WHAT
	rking life, even if retired) Sewife		Calmont C	. Manual and	COUNTRY?
13. FATHER'S NA		Domestic	14. MOTHER'S MA	o., Maryland	USA
201 TATTLE O I					
	Hance		Mary D		
(Yes, no, or unkown)	DEVER IN U.S. ARMED FORCES (If yes give war or dates of service)	? 16. SOCIAL SECURITY NO. 1	7. INFORMANT	Addr	ess
No		217-48-9465	J. Kenneth	Bowen, Huntin	gtown, Maryland
18. CAUSE 0	F DEATH [Enter only one caus	se per line for (a), (b), end (c).]			INTERVAL BETWEEN
PART I.	DEATH WAS CAUSED BY:	Heart	Evelue 3		ONSET AND DEATH
7911	IMMEDIATE CAUSE (a)				
Conditions	DUE TO	098	990.		
gave rise t	f eny, which (b)		- Par		
cause (a),					
underlying ca	use lest.) (c)_				
PART II. OTHER	RSIGNIFICANT CONDITIONS CO	INTRIBUTING TO DEATH BUT NOT R	ELATEO TO THE TERMINAL	DISEASE CONDITION GIVEN I	N PART 1(a) 19. WAS AUTOPSY PERFORMED?
[S]					YES NO
20a. ACCIDEN	T WAS UNDERLYING	20b. DESCRIBE HOW INJURY O	CCURRED. (Enter nature	of Injury in Part I or Part II	of Item 18.)
OR CONTRIBU	T WAS UNDERLYING TING CAUSE OF DEATH OTIFY MEDICAL EXAMINER)				
	F INJURY Month, Day, Year	20d. INJURY OCCURRED 20e.	PLACE OF INJURY (Home,	farm, 20f. (City or town)	(County) (State)
20c. TIME OF		While Not While	actory, street, office bldg.,	etc.)	(Ounty) (Otato)
W W	o.m. 19	at work at work			
21. I cert	tify that (I) (this hospital)	attended the deceased from.	1363	19 to] AN 2	2, 19 66, that (I) (we) last
saw the d	eceased alive on	19, and t	that death occurred at	M, from the causes	and on the date stated above.
22a. SIGNAT	URE			6.	22b. DATE SIGNED
	Down (1)	1. " ye	M.D. ATTENOING	MED. STAFF DIRECTOR PHYS.	1/24/66
22c. PHYSIC NAME (Tyne)	Dawalouji	22d. ADDRESS	ICE FREDERICK	k, M.
23a. BURIAL, CRE REMOVAL (S	MATION, 23b. DATE THERE	OF 23c. NAME OF CEMET	ERY OR CREMATORY	23d. LOCATION (City,	town or county) (State)
Burial	Jan. 25,1		th. Chr. Ce	EC'D BY REGISTRAR 25b.	Point Md
24. FUNERAL DI	RECTOR	ADDRESS	25a. R	EC'D BY REGISTRAR 25b.	REGISTRAR'S SIGNATURE
Hilleh	win Tunesal. H	for Owings, Mary	land DATA	V 2 8 1956 PC	limiter Indge
1.16000000	/	9-7		THE TOUCH	

VR A15 (4) 15M 4-64

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

2004 200 15 mil 15 The same of the sa

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND FOR STATE CERTIFICATE OF DEATH MEDICAL EXAMINER'S HEALTH DEPT: ttem #8 Infortaken USUAL RESIDENCE (Where deceased lived, If Institution) Residence before admission) PLACE OF DEATH b. CDUNTY a. STATE MARYLAND Department after death: funeral may be ly DR TDWN (if outside corporate limits, its RURAL end give nearest town) OR TOWN (If putside corporete Units, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b NAME OF HOSPITAL OR INSTITUTION (if not in hospital live strest address) e. IS RESIDENCE STREET ADDRESS DN A FARM? Give Pages 1, 2, and 3 to g with form PM3. Page State No 🗌 YES DATE Month Day Year 3. NAME OF 4. the 72 DECEASED 0F 190 (Type or print) DEATH 2 with within COLDR OR RACE AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS 8. DATE OF BIRTH 9. 7. MARRIED NEVER MARRIED last birthdey) Months Days Hours WIOOWED OLVORCED N INC 26 1965 yr
BIRTHYLACE (State or foreign country) June event 12. CITIZEN OF WHAT 10a, USUAL OCCUPATION (Give kind of work done | 10b, KIND OF BUSINESS OR COUNTRY? during most of working life, even if retired) INDUSTRY after (-MOTHER'S MONDEN NAME 13. FATHER'S NAME EXAMINER: This certificate should be executed within 24 hours a certificate, writing the word "pending" in pencil in Item 18. tould be forwarded to the Chief Medical Examiner's Office Medical Examiner 17. INFORMANT Address 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SDCIAL SECURITY ND. (Yes, no, or unkown) (If yes pive war or dates of service) permit. INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (a) DNSET AND DEATH PART I. OEATH WAS CAUSED BY: burial-transit cremation, or IMMEDIATE CAUSE (a) **OUE TO** Conditions, If eny, which (b) gave rise to immediate DUE TD ceuse (a), stating the O underlying cause lest. used as to burial PAN II. THER SIGNIFICANT CONDITIONS CONTRIBUTING TO CEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(8) WAS AUTOPSY 19. CERTIFICATION PERFORMED? NO T YES 3 should be agent, prior 20a. EXTERNAL CAUSE WAS PRIMARY OF OF DEATH. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Pert II of Item 18.) (County) (State) MEDICAL 20d. INJURY DCCURRED | 20e. PLACE DF INJURY (Home, farm, 20f. (City or town) TIME DE INJURY Month, Day, Year factory, street, office bldg., etc.) Hour Not While CTOR: Page designated at work p.m. et work _ and in my opinion 21. I certify that I took charge of the remains described above, held an Autopsy Inquiry should Inspection DIRECTOR: Natural, causés Suicide Homicide Undetermined manner death resulted from: Accident Your CHIEF MEDICAL EXAMINER 4 22. DATE SIGNED ACTUAL ASSISTANT MEDICAL EXAMINER M.D. O DEPUTY MED SIGNATUR for 0 FUNERAL I DEPUTY MEDICAL EXAMINER **EXAMINER'S** director. Address (Street, city, town, or county) NAME (Type) LDCATION (City, town of (State) NAME OF CEMETERY DR CREMATORY 23d. county) 23a. BURIAL, CREMATION, 23b. DATE THEREOF BEMOVAL (Specify) of 0 25b. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR VR A15ME (5) DATE SAA 1/65

MARYLAND STATE DEPARTMENT OF HEALTH

TO HOSPITATOR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours effect death. Page (1) by the retained by the hospital or attending physician.

Yes TO FUNERAL DIRECTOR: After this certificate has been signed by the attending nhvering should be detached for use as the time.

	MARYLAND STATE DEPARTMENT OF HEALTH	
	TISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE	1, MARYLANI
00500	CERTIFICATE OF DEATH	0.014

a. COUNTY			DENCE (Where decease			
Calvert	MARYLAND	e. 31AIL	Maryland	D. COOKIT	Calve:	IL
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16		VN (If outside corporete		nd give neer	rest town)
d. NAME OF HOSPITAL OR INSTITUTION (if not in hos	soital pive street address)	d, STREET ADDR	Huntingto	0/1	7 - /	. IS RESIDENCE
C. Takke of Nos III. Ok in other lands in the	, y 170 3 100 1 0 0 0 1 2 3 j				Y	ON A FARM?
3. NAME OF First	Middle	Lest	4. DATE	Month	Day	Year
(Type or print) Ridglev	clauton	Cox	DEATH	Jan.	26	19 66
S. SEX 6. COLOR OR RACE 7. MARRIE		. DATE OF BIRTH	9. AG	E (In years IF UNDER	1 YEAR IF	UNDER 24 HRS.
M White wildowi		at. 7 1	898 6	birthday) Months		lours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	IND OF BUSINESS OR INDUSTR	Y II. BIRTHPLACE	County & State, or forei	n country) 12. C	ITIZEN OF W	HAT COUNTRY?
Febenan St	utes Noads	(alieti	tlaust.	Md.	4.5	A.
13. FATHER'S NAME		14. MOTHER'S MAI	DEN NAME			
Samuel Co Cool		Ada	la Cario	250n		
	SOCIAL SECURITY NO. 17.	INFORMANT	0	Address		,
(Yes, no, on unkown) (Hyes give wer or detes of service)	M.	- / 111:00	(2) (a)	Hunt	tes	· md
18. CAUSE OF DEATH [Enter only one cause per	line for (a), (b), and (c).	LUUISE		1 while		AL BETWEEN
PART I. DEATH WAS CAUSED BY: 200	1 0.0	and -	1.		ONSET	AND DEATH
IMMEDIATE CAUSE (e)	goraideas	Tugar	ecore			
7 401 DUE TO 11		0/1/6	-0.			
Conditions, if eny, which (b) (b)	percue	C.V.	· Ollas	120		
(a), steting the underlying DUE TO						
cause last. (c)						
Z PART II. OTHER SIGNIFICANT CONDITIONS CO.	NTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TI	ERMINAL DISEASE CON	DITION GIVEN IN PA	RT 1(a) 19. \	PERFORMED?
TY					YES	□ NO □
PART II. OTHER SIGNIFICANT CONDITIONS CO. 20a. ACCIDENT WAS UNDERLYING 20b. DES 0.0 CONTRIBUTING CAUSE OF DEATH 0.0 IF EITHER, NOTIFY MEDICAL EXAMINER)	SCRIBE HOW INJURY OCCURED). (Enter neture of injur	ry in Pert I or Part II of it	tem 18.)		
Z 20c. TIME OF INJURY Month, Dey, Year 20d.	INJURY OCCURRED 20e. PLA	CE OF INJURY (Home	, ferm, 20f. (City or t	own) (Co	ounty)	(Stele)
台 Hour a.m. Whil	0	tory, street, office bldg	., etc.)			
		7/10	1065	1/26	66.	(1) () 1 .
21. I certify that (I) (this hospital) atter	ided the deceased from.			1/26 1		
saw the deceased alive on.	1900 , and that	death occured	8PM, from the	e causes and on	the date	stated above.
22e. SIGNATURE	,,	ATTENDING_		TAFF	1/-	SIGNED
Muser	N	I.D. PHYS.	DIRECTOR P	HYS.	12	1/66
PHYSICIAN'S NAME (Type) Q. J. Weems,	M. D.	22d. ADDRESS	tingtown	, md.		
238. BURIAL, CREMATION 236. DATE THEREOF	23c. NAME OF CEMETERY	OR CREMAJORY	13d. LOCATIO	N (City, town or cou	nty)	(State)
REMOVAL (Specify) Tan 29 1966	Mirando (+	metal.	Hunto	where 6	hert 6	i. Md.
24 FUNERAL DIRECTOR'S SIGNATURE	tualADDRESS Boy 3	4 / 25e.	REC'D BY REGISTRAR	256 REGISTRAR	SIGNATUR	Bular
AA Hartanacs Jan Fre	+ Bouble 1	DAT DAT	FEBI	1966	and a	1
111111111111111111111111111111111111111	1 1 1 1 1 1 1 1 1	The state of the s				

..... STOVES DE TINE 1/23/66 the treatment; Md.

VR A15 (4) 15M 4-64

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

1. PLACE OF DEATH a. COUNTY Cal vert MARYLAND	2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. STATE Maryland b. COUNTY Calvert					
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) rural—Prince Frederick 3 days	c. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town) Huntingtown, rural					
d. NAME DF HDSPITAL DR INSTITUTION (If not in hospital, give street eddress)	d. STREET ADDRESS e. IS RESIDENCE					
Calvert County Hospital	ON A FARM? YES \(\square\) NO \(\frac{\fir}}}}}}}}{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\fir}}}}}}}{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{					
3. NAME DF First Middle DECEASED Samuel Hezikiah	Dixon 4. DATE Month Day Year of Dixon Dixon A DATE Month Day Year of Dixon					
male Caucasianwidowed Divorced	9. AGE (In years IFUNDER 1 YEAR IFUNDER 24HRS. Months Days Hours Min. Winder 24 Hours Min. Hours Min.					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?					
Carpenter Construction	Calvebt-Maryland U.S.A.					
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME					
Togonh A Diron	Hester Cox					
Joseph A. Dixon 15. WAS DECEASED EVER INU.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	INFORMANT Address					
(Yes, no, or unkown) (If yes give war or dates of service)						
	son Dixon Humtingtown, Maryl					
18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH					
PART I. DEATH WAS CAUSED BY: Pulmonary Insu	afficiency					
4213 DUE TO						
Conditions, if any, which) (b) Heart Failure						
gave rise to immediate						
underlying activity the						
	TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY					
CATI	PERFORMED? YES NO					
	RRED. (Enter nature of Injury in Part I or Part II of Item 18.)					
	CE OF INJURY (Home, farm, 20f. (City or town) (County) (Stete)					
Hour a.m. p.m. 19 while Not While at work at work	ry, street, office bldg., etc.)					
	nuary 6, 1966, to Jan 9, 1966, that (1) (we) last					
21. I certify that (i) (this hospital) attended the deceased from a	death occurred all 1: 11th from the causes and on the date stated above.					
22a, SIGNATURE	Dill 22b. DATE SIGNED					
1 Course Sugar	ATTENDING - MED - STAFF - 4-0444					
22c. PHYSICIAN'S	PHYS. DIRECTOR PHYS. 1/10/66					
NAME (Type) Issam F. El-Damalouji, M.D						
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY REMOVAL (Specify)	OR CREMATORY 23d. LOCATION (City, town or county) (State)					
Burial Jan. 12, 1966 Emmanuel Chur	ch Cemetery Plum Point, Cal. Co. Md.					
24. FUNERAL DIRECTOR ADDRESS	1 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE					
Hutchinis Tuneral Home Owing	o, Tell patAN 14 1956 Ichiarles Judge					
1 VIVIVIO JOURNAL JOURNAL AND	DMETT 1 1000					

58300 the state of the s THURSDAY MORE BUREAU NEW

VR A15 (4) 15M 4-64

MARYLAND STATE DEPARTMENT OF HEALTH RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 111493 00502 OF STATISTICAL RESEARCH AND

	00300						
1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)						
10/10/	a. STATE b. COUNTY CALVECT						
b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town)						
write RUBAL and give nearest town)	11. 1 0 1 1						
PR. FREd. 14RS.	NORTH DEACH, Ma.						
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS OH - e. IS RESIDENCE ON A FARM?						
CALVERT NUKSING HOME	403-5 dt. YES NO.						
3. NAME OF First Middle DECEASED	Last 4. DATE Month Day Year						
(Type or print) MINNETTA C.	DYER DEATH JAN 22 1966						
5. SEX 6. CDLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.						
WIDDWED DIVORCED	Oct. 22, 1868 last birthday) Months Days Hours Min.						
10 US DALDCCUPATION (Give kind of work done lob. KIND OF BUSINESS OR lobrary most of working life, even if retired)	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?						
	n-H/2 139						
13. FATHER'S NAME (1)	14. MOTHER'S MAIDEN NAME						
1 1 1 1	01 1						
Joseph Mood	Unknown						
18. WAS DECLASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. Yes, no, opunkown) (If yes give war or dates of service)	INFORMANT Address Hyallantle 41						
no none El	lie K. Boomes 5606-16 - line .						
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN						
PART I. DEATH WAS CAUSED BY:	ONSET AND DEATH						
IMMEDIATE CAUSE (a) Myka Majo - Parise Cum							
494.4 DUE TO D 1 9							
Conditions, If any, which (b) (alless Decrupensalm							
gave rise to immediate (cause (a), stating the DUE TO							
underlying cause last. (c)							
PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA	ATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY						
TEC THE THE TECHNICAL STATES	PERFORMED?						
20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCU	URRED. (Enter nature of injury in Part I or Part II of Item 18.)						
PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. DTHER SIGNIFICANT CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ANCES. (Cittle nature of injuly in rail 1 of rail 1 of item 10.)						
ZOC. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLA	ACE OF INJURY (Home, farm, 20f. (City or town) (County) (State)						
Hour a.m. While - Not While - factor	ory, street, office bldg., etc.)						
p.m. 19 at work at work							
21. I certify that (I) (this hospital) attended the deceased from	Dee, 1938 to Opp., 1966 that (1) (we) last						
saw the deceased alive on Jan 21 1966, and that	t death occurred at 1322M, from the causes and on the date stated above.						
22a. SIGNATURE	22b. DATE SIGNED						
M.C. C. S. M. M.C.	D. PHYS. DIRECTOR PHYS. DIAN. 20, A66						
220 PHYSICIAN'S	22d. ADDRESS						
NAME (Type) 176E C VETT	TRINGS TREDERICK						
23a. BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETER	Y OR CREMATORY 23d. LOCATION (City, town or county) (State)						
Berrial 1-24-66 Washington	- In H Can Switten L. mil.						
24. FUNERAL DIRECTOR ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE						
4	JAN 26 1000 Milanda Queda						
W.W. Chambers Co, - 5/2/1- ft. At.	Date N 26 1956 (Complete grange)						

1 13	1	Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MAR	OVI AND
FOR STATE	10	00503 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	00494
HEALTH DERY.	1.	PLACE DF DEATH a. COUNTY CALVERT AMARYLAND 2. USUAL RESIDENCE (Where deceased lived, If institution; Res a. STATE b. COUNTY MARYLAND CALVERT	Idence before admission)
cessary e 5 may be Department after death.		b. CITY OR TOWN (If outside corporate limits, write RURAL and give naarest town) PRINCE FREDERICK C. LENGTH OF STAY IN 1b C. CITY OR TOWN (If outside corporate limits, write RURAL and SOLOMONS) SOLOMONS	nd giva nearast town)
AL DO 0 14 / /		d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) CALVERT COUNTY HOSPITAL	a. IS RESIDENCE ON A FARMY
any delay 2, and 3 to PM3. Page 1 TZ hours	3.	NAME DF First Middle Lest 4. DATE Month OF CAPPE OF PRINTS	Day Yeer 6 6
学づき 東語	5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IFUNDER 1 last birthday) Monthel D	
	1Da dur	ale White WIDOWED DIVORCED May 17, 1913 52 yrs. WIDOWED INDUSTRY BIRTHPLACE (Stete or foreign country) 12. CITI COUNTRY COUNTR	IZEN OF WHAT
ted within 24 hours after d in pencil in Item 18. Give 'xaminer's Office along wit sit permit. File pages 1 an or removal, and in any eve	13.	FATHER'S NAME 14. MOTHER'S MAIDEN NAME Mabel Jenkins	
within 24 ho pencil in Iten miner's Office permit. File removal, and	15 (Ye	. WAS DECEASED EVER IN U.S. ARMED FORCES 7 16. SOCIAL SECURITY NO. 17. INFORMANT Address (If yes give war or dates of service) 075 32 9939 Mrs. Edna B. Edwards, Solomons	e Isl.
EXAMINER: This certificate should be executed within 24 hours after decertificate, writing the word "pending" in pencil in Item 18. Give Pould be forwarded to the Chief Medical Examiner's Office along with les. R: Page 3 should be used as a burlal-transit permit. File pages 1 and ignated agent, prior to burial, cremation, or removal, and in any event		18. CAUSE DF DEATH [Enter only one ceuse per line for (e), (b), end (c).] PART I. DEATH WAS CAUSED BY: 9328 IMMEDIATE CAUSE (e) Exposure and acute alcoholism DUE TO	INTERVAL BETWEEN ONSET AND DEATH
INER: This certificate should be execuificate, writing the word "pending" be forwarded to the Chief Medical Ege 3 should be used as a burlal-transed agent, prior to burial, cremation,		Conditions, if eny, which gave rise to immediate cause (e), stating the underlying cause last. (b) DUE TO	Ly S. St.
ficate shoul the word the Chiel o the Chiel used as a to burial,	CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTDPSY PERFORMED? YES X NO
R: This certificate, writing forwarded to 3 should be agent, prior	CERTIFI	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in P t I or Part II of Item 18.)	rinking
XAMINER: Thi certificate, vould be forwars.	MEDICAL	20c. TIME OF INJURY Month, Dey, Year 20d. INJURY OCCURRED 2De. PLACE OF INJURY(Home, farm, factory, street, office bldg., etc.) Poster Calve	ty) (State)
EXAMINE Certificate A should be ur files.		21. I certify that I took charge of the remains described above, held an Autopsy X, Inspection , Inquiry , death resulted from: Natural causes , Accident X, Suicide , Homicide , Undetermined manner	and in my opinion
9 0 2 5		ACTUAL SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER M.D. ASSISTANT MEDICAL EXAMINER	22. DATE SIGNED
TY N exe th o		EXAMINER'S NAME (Type) RUSSELL S. FISHER, M.D. Addrass (Street, city, town, or county)	1-17-66
TO DEPUTY please ex director. retained TO FUNERA of Health	23a Bu	right (Specify) Jan. 21/66 Baltimore N tional Balto Ma	
VR AISME (5)	24	FUNERAL DIRECTOR D. 4101 Edmondson Ave 253. REC'D BY REGISTRAM 250 REGISTRAM'S ADDRESS DATE NO. 4101 Edmondson Ave	
	1	- 4 A A A	

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FOR STATE HEALTH DEPT.

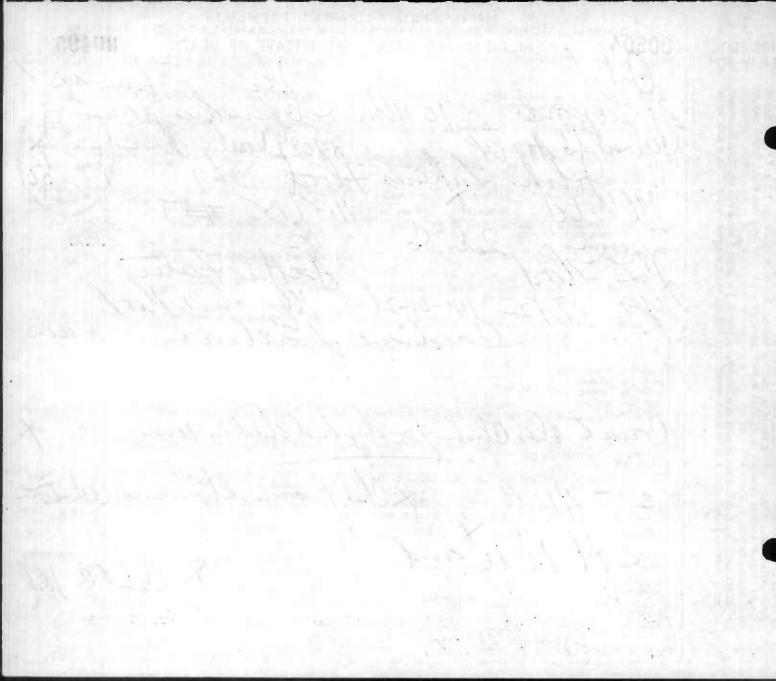
> EXAMINER: This certificate should be executed within 24 hours after death. If any delay cessary, xecuts the certificate, writing the word "pending" in pencil in Item 18. Give bages 1, 2, and 3 to funeral page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death. director. Page 4 shoul retained for your files. please executa TO DEPUTY MER

MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
ODS 14 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

PLACE OF OLD HEALTH
ODD 12. USUAL RESIDENCE (Where deceased lived, In-institution; Residence before a street, and the street of the str

er!						· · · · · · · · · · · · · · · · · · ·	7	() (1 2 0 ()
	1. P	LAPE OF DEATH	1			2. USUAL RESIDENCE a. STATE	(Where deceased lived, N-institution b. COUNTY)	Rion: Residence before admission)
	3	CVY OR TOWN	(If outside corporate III	mits, c. LEN	MARYLAND IGTH OF STAY AND	c. CIDA OR JOHN (II)	outside corporate limits, wite	AUR/Land give hearest town)
-	4		PALOR INSTITUTION (I	Tyby in postital,	give street address)	d. STREET ADORESS	meder of	e. IS RESIDENCE
	U	alrect	to sopy	Val,	A	84080	osly Une	ON A FARM? YES NO
	D	ECEASED Type or print)	Lih	Luk	Middle 7	Last	4. DATE Month	Day Year 1906
	5. S	MI	1 11	MARRIEO NE	VER MARRIEO OIVORCEO	8. OATE OF BIOTH	11.	UNDER YEAR IF UNDER 24 HRS. onths Oays Hours Min.
	10a, U durin	ISUAL OCCUPATION Most of working	N (Give kind of work done (life, even if retired)		BUSINESS OR	11. BIRTHPLACE (St	ate or foreign country)	12. CITIZEN OF WHAT COUNTRY?
	13.	PATPER'S NAME		Leer	8	14. MOZHER'S MAND	EN NAME	U.S.A.
	2	<u> </u>	Hord	722 12 202141	0.50110170110 1 47	Hatt.	is tosler	
1	yles,	no or unkown) (1	er INU.S. ARMED FORCE f yes dive war or dates of serv	16. SOCIAL:	SECURITY NO. 17.	INFORMANT	John Address	18/
	0	PART I. DEAT	ATH [Enter only one ce	use per line for (a), (b), and (c).]	gloon	D	INTERVAL DETWEEN
		7824	IMMEDIATE CAUSE (a)_ DUE TO	Cour	merc	7 m		70
	8	conditions, if an gave rise to in	nmediate (V		
	u	ceuse (a), stat	lest. (c)_			THE TO THE TROUBLE M	OFFICE CONDITION ON CHIEF IN CA	RT1(a) 19. WAS AUTOPSY
7	CATIO	ane	W Olios (Wiele	To ale	a let de	Ed un 10 min	PERFORMED?
	CERTIFICATION	COA. EXTERNAL COR IMARY OF COCAUSE OF DEATH.	AUSE WAS ONTRIBUTING	20b. OESCRIP	E HOW INJURY OF	JRREO. (Enter nuture of	Injury In Part 1 or Part II of I	tem 18.)
		Oc. TIME OF IN.	JURY Month, Cay, Yee	While No	CCURRED 200. P	ACE OF LANURY (Home, fa	(A) 201 (Oty or town)	(County) (State)
	ME	21. I certify t	that I took charge of	at work at	work	id an Autopsy .	Inspection , inquir	and in my opinion
		death resulted				icide, Homicio		anner 🗌
		ACTUAL	TWI	Van	1	CHIEF MEDICALM.O. ASSISTANT MED	ICAL EXAMINER	22. OATE SIGNED
		EXAMINER'S NAME (Type)				OEPUTY MEOICA Address (Street	city, town, of county)	bul & pld
	-	BURIAL, CREMAT REMOVAL (Speci	10N, 23b. DATE THEIR		NAME OF CEMETER		23d. LOCATION (City, town	
		FUNERAL DIRECT					D BY REGISTRAR 25b. REG	ISTRAR'S SIGNATURE
		Demain	- John W.	eral, Home	HTCYG	Hurra,	4 1956 Ich	onles Judas
	1 1 1 1 1 1	A		,	V alanda Canha			

VR AISME (5) 5M 1/65 2



TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please ramove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and many event, within 72 hours after geath. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

1	00000			CERTIFICATI	UF DEATH			2014
1,	PLACE OF DEATI	H			2. USUAL RESIDENC	E (Where deceased liv	ed. If Institution: R	esidence before admission)
1	a. COUNTY				a. STATE		b. COUNTY	cordenac actore admires,
		vert		MARYLAND	Maryla	and.	Calver	t.
	write RURAL	N (if outside corporate and give nearest town	e limits,	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If	outside corporate li	mits, write RURAL	end give nearest town)
	Lusby	-Md.			Lust	. bM- vo	04-1	77-27-10-17
	d. NAME OF HOS	SPITAL OR INSTITUTION	(if not In h	ospital, give street address)	d. STREET ADDRESS	7		e. IS RESIDENCE ON A FARM?
								YES NO
3.	NAME OF DECEASED	Flr	st	Middle	Last	4. DATE	Month	Day Year
	(Type or print)	Charlo	tte	A F	oote	OF DEATH	1	19 1966
5.	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED 1 8	. DATE OF BIRTH	9. AGE (II		YEAR IF UNDER 24 HRS.
	F	C	WIDOWED		Jan. 13-		rthday) Months	Days Hours Min.
1D	a. USUAL OCCUPAT	ION (Give kind of work ding life, even if retired	one 10b. K	IND OF BUSINESS OR NDUSTRY	11. BIRTHPLACE (Co	unty & State, or foreig	n country) 12. CI	TIZEN OF WHAT
uu	Dome	Stic	,	MDUSIKI	Maryland		CO	UNIRTS
13	. FATHER'S NAM				14. MOTHER'S MAID			
	В	enjamin B	ishap		Elizab	eth Tav	100	
15	. WAS DECEASED I	EVER IN U.S. ARMED FOR	CES? 16.	SOCIAL SECURITYNO. 17.	INFORMANT	con lay	Address	
(1	es, no, or unkown)	(If yes give war or dates of	service)		mobio Poo	+ . T	1. 16.2	
_	I 10 CAUSE DE	DEATH (Cates only one			Archie Foo	te Lus	by Md.	INTERVAL DEDUCEN
		ATH WAS CAUSED BY:	anse per i	ine for (a), (b), and (c).]	7 . , -	7		INTERVAL BETWEEN ONSET AND DEATH
	ART I. DE	IMMEDIATE CAUSE	a) /11	you allas	nejoul	con		
	4201 DUE TO 1							
	Cenditions, If any, which (b) (C) (C) (C) (C) (C) (C) (C) (C) (C) (C							
	gave rise to immediate							
	cause (a), stating the underlying cause last. (c)							
ON				JTING TO DEATH BUT NOT RELA	TED TO THE TERMINAL D	ISEASE CONDITION G	IVEN IN PART 1(a)	119. WAS AUTOPSY
CAT	PERFORMED? YES NO							
CERTIFICATION	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)							
		INJURY Month, Day, Y		NJURY OCCURRED 2De. PLAC	E OF INJURY (Home, far	rm. 2Df. (City or	town) (Cou	nty) (State)
MEDICAL	Hour a.m	n.	While at worl	Not While factor	y, street, office bldg, et	2DI. (City of	lowij) (cou	nty) (State)
	21 pertif	w thate(I) (this hosni	7	ed the deceased from	2/10/ 10	(10 to 1	19 6	6 that (1) (we) last
	/ /	ceased alive on	1/19		death occurred at4	M from the		ne date stated above.
	22a. SIGNATU	1100	111	and that	death occurred at 1	m, nom the	22b./ D/	RTE SIGNED
	449	1100	11	ezM.D.		APD. STAI		31/46
	-22c. PHYSICIA	IN'S		M.D.	PHYS. C	DIRECTOR PHY	s. Ly	17/100
	MAME (T)				Alle	ley	levi	_ 0 0 64
23		IATION, 23b. DATE T	HEREOF	23c. NAME OF CEMETERY	OR CREMATORY	23d. LOOATION	(City, town or cou	inty) (State)
	REMOVAL (Spe	1-23-	-65	St.John Chu	irch Com	Lusby	Marylan	d
24	4. FUNERAL DIRE			ADDRESS	25a. REC		25b. REGISTRAR"	SSIGNATURE
	P7.5	ervell.	Princ	e Frederick-	Md dafe N	2 4 1956	Jeliourles	Indge.
=							#	0 0

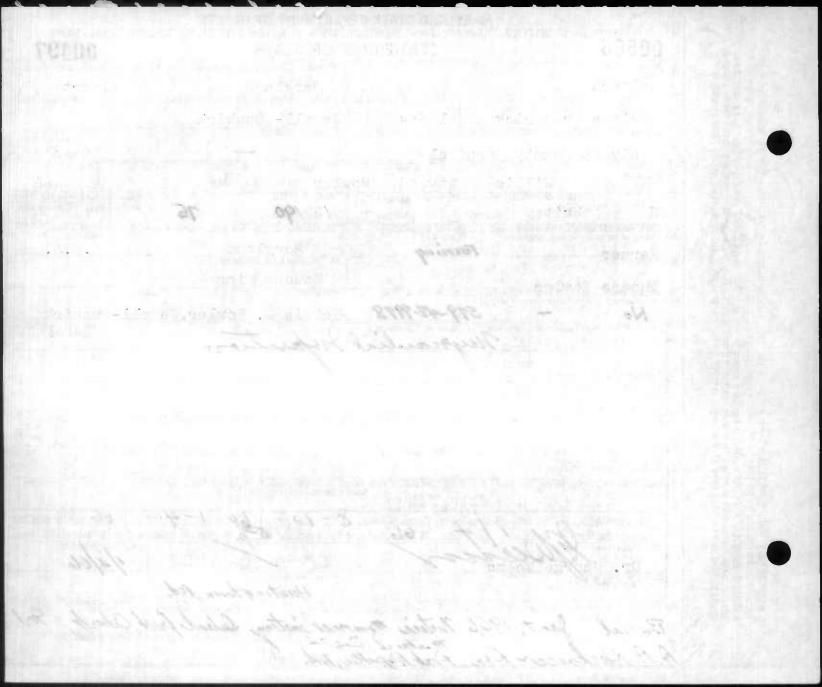
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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
00506 CERTIFICATE OF DEATH

1.	PLACE DF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a STATE b. COUNTY Calvert							
	Calvert	MARYLAND							
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 1b	c. city or town (if outside corporate limits, write RURAL and give nearest town) Jewell- Dunkirk						
	Prince Frederick	1 day		unkirk		04-1			
	d. NAME OF HOSPITAL OR INSTITUTION (if not in	nospital, give street address)	d. STREET ADDRESS			e. IS RESIDENCE ON A FARM?			
-	Calvert County Hosy					YES NO			
3.	NAME DF First DECEASED (Type or print) Willis	Middle	Lest	4. DATE OF	Month	Day Year			
-	0FV)	T. Comments	wler	DEATH	1	4 166			
5.	7. MARKI	ED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In		1 YEAR IF UNDER 24 HRS. Days Hours Min.			
	WIDOW)		5/2/140	(2)	yrs.				
10a	a. USUAL OCCUPATION (Give kind of work done 10b ring most of working life, even if retired)	. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Co	ounty & State, or foreign		TIZEN OF WHAT			
		Farmina	Maryl	and		U.S.A.			
13	. FATHER'S NAME	1	14. MOTHER'S MAID						
	m		Madora	King					
15		16. SOCIAL SECURITY NO. 17.	INFORMANT	0	Address				
(Y	es, no, or unkown) (If yes give war or dates of service)	CHO 119,0070	Walds T	Dard on T	77 7)			
	No -	11-70-1110	Nettie L.	Fowler, J	eMeTI-I	I INTERVAL BETWEEN			
	18. CAUSE DF DEATH [Enter only one cause pe	er line for (a), (b), and (c), 1	2.1	1.		ONSET AND DEATH			
	IMMEDIATE CAUSE (a)	youardeal	Morce	wil					
	9 de l' DUE TO								
	Conditions, If any, which (b)			70					
	gave rise to immediate (cause (a), stating the DUE TO								
	underlying cause last. (c)								
NO.	PART II. OTHER SIGNIFICANT CONDITIONS CONTR	IBUTING TO DEATH BUT NOT RELA	TED TO THE TERMINALD	ISEASE CONDITION GI	VEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED 2			
CAT						YES NO N			
E	20a. ACCIDENT WAS UNDERLYING 20b.	DESCRIBE HOW INJURY OCCU	RRED. (Enter nature of	Injury in Part I or Pa	art II of Item 18.)			
CERTIFICATION	202. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)								
MEDICAL		footo	CE OF INJURY (Home, fary, street, office bldg., e	rm, 20f. (City or to	own) (Cou	nty) (State)			
E	Hour a.m. Wh	IIE - NOT WITTE -	ry, street, omce blug., e	16.)					
2	21. I certify that (h) (this hospital) atte		P-10-11	960, to 1-4	1 - 106	6 that (I) (we) last			
	saw the deceased arive an					he date stated above.			
	22a. SIGNATURE	19 62, allu tilal	ueath occurred atz	JA IVI, ITOITI THE C	1 22b. D.	ATE SIGNED			
	Mullen	in	ATTENDING	MED. STAFF		1/1/			
	22c. PHYSICIAN'S	M.D	PHYS.	DIRECTOR PHYS	11/9	100			
	NAME (Type)		Huntin	o town Me	/				
23	a. BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY		23d. LOCATION (City, town or cou	inty) (State)			
	REMOVAL (Specify) 02-7 1961	1 nation many	reellometern	Ochedi	Gret Cal	ert mo.			
24	FUNERAL DIRECTOR	ADDRESS D		D'D BY REGISTRAR (2	5b. REGISTRAR'	S SIGNATURE			
	DAYLI . O.	Muteral 12	XJT/ YAN		071 1	0			
1	1.11. Muchesely Hon	Fork Iropulle	4, 1174. DAGETIV	7 1966	garne.	yupge.			

VR A15 (4) 15M 4-64



TO HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24 hours after death. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers, Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

	DIVISIO	N OF STATISTI		RYLAND STATE EARCH AND RECO					DF 1 M	ΔΡΥΙ Δ	ND
	00507					OF DEATH		ELI, DALIMO	0.0	149	2
1.	PLACE OF DEAT	н			,	2. USUAL RESIDENC	E (Where	deceased lived, If ins	titution: Re	sidence be	fore admission)
	C	alvert		MARYLA	ND	a. STATE Mary	ylan	d b. coun	Cal	vert	
	b. CITY OR TOW Write RURAL	N (if outside corpora and give nearest tov	te Ilmits,	c. LENGTH OF STAY I	N 1b	c. CITY OR TOWN (If	outside	corporate limits, wr	Ite RURAL	and give	nearest town)
	Princ	e Frederi	ck. Mc	hospital, give street add			nce	Frederic	k, Ma	6/	
		rt County			iress)	d. STREET ADDRESS		0	4-1	0. 1	S RESIDENCE ON A FARM?
3.	NAME OF						1 4 50			YES	
	OECEASED (Type or print)	Ва	rst iby	Middle Girl		Last Gantt	4. DA	ath 1		Day 15	1966
	sex emale	6. COLOR OR RACE	7. INVANIE			. OATE OF BIRTH		9. AGE (In years last birthday)			UNOER 24 HRS.
		Negro	WIOOWE	DIVORCED KIND OF BUSINESS OR		1/14/66	4 0 01	yrs.			16 30
dur	ing most of work	ing life, even If retire	d) 10b.	INOUSTRY		11. BIRTHPLACE (Co			12. 60	TIZEN OF UNTRY?	WHAI
13.	FATHER'S NAM	E			-	Calvert					
	Charles	Everett	Gantt	5		Pearl Cu					
15	. WAS DECEASED	EVER IN U.S. ARMED FO	RCES? 16	S. SOCIAL SECURITY NO.	17.	INFORMANT		Addres	SS		
(10	a, no, or unkown,	(11 yes give war or untest	1 Service)		Ch	arles Gant	tt	Prince	Fred	eric	k, Md.
				line for (a), (b), and (c).	1		400				AL BETWEEN AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)											
/16X DUE TO											
Conditions, If any, which gave rise to immediate (b) (b)											
cause (a), stating the DUE TO											
_ (()										AS AUTOPSY	
ICAT										YES	RFORMEO?
CERTIFICATION	20a. ACCIOENT OR CONTRIBUTI (IF EITHER, NO	WAS UNDERLYING THE NG CAUSE OF DEATHER MEDICAL EXAMI	TH NER)	OESCRIBE HOW INJURY	OCCU	RRED. (Enter nature of	Injury In	Part I or Part II o	f Item 18.)		
EDICAL	20c. TIME OF	INJURY Month, Day,		INJURY OCCURRED 20	e. PLAC	E OF INJURY (Home, far	rm, 201	f. (City or town)	(Cour	ity)	(State)
MEDI	Hour a.n		While at wo	Not While	tactor	y, street, office bldg., et	(C.)				
	21. I certif	y that (I) (this hos	ital) atten	ded the deceased fro		, 19					(I) (we) last
		ceased alive on	1-11	1966, and	d that	death occurred a	N.	from the causes			
	22a. SIGNATUI	(F	co uo	was .		ATTENDING M	MED.	STAFF	1/1		
	22c. PHYSICIA		-1 1	0	M.D.	22d. ADDRESS	PIRECTOR		1		
	NAME (T)	pe) Dr. Iss	sam F.	. Damalouj:	i	Pri	ince	Frederi	ck,	Md.	
23a	. BURIAL, CREM	ATION, 23b. OATE		23c. NAME OF CEM			23d.	LOCATION (City, to	wn or cou	nty)	(State)
24		1-17-	-66	Bible Way	Ch			rince Fre			
24	P. E.	- 11	Princ	e Frederic	k-		19	CURI	EGISTRAR'S	- (1)	LGE.
	6-	15472	- 8	E4 - 18 - 19 - 1					4111	1/	

VR AI5 (4) 20M 1/65 . Division in the late is the late of the Tendo 201 THE STREET AS A SECOND STREET the state of the s

FOR STATE HEALTH DEPT.

any delay, 2, and 3 in Page **EXAMINER:** This certificate should be executed within 24 hours after death. If a certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, nould be forwarded to the Chief Medical Examiner's Office along with form 60 should files. Page 4 Vour ease execut for retained director.

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1/65

a. COUNTY Calvert Maryland MARYLAND Department after death. b. CITY OR TOWN (If outside corporete limits, c. LENGTH OF STAY IN 1b write RURAL and give nearest town) North M. Beach North Mr. Beach 15 years d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS State hours Stracectofic account frace NAME OF First Middle Last DATE the 72 **OECEASED** OF (Type or print) DEATH Linwood C. German 2 with within 6. COLOR OR RACE | 7. MARRIED | NEVER MARRIED B. DATE OF BIRTH 9. Dec. 10,1907 WIDOWED ; DIVORCED DC male white even 10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR during most of working life, even if retired) INDUSTRY Realtor Real Estate Sterling, Va. pages 1 in any 13. FATHER'S NAME 14. MDTHER'S MAIDEN NAME Clara V. Beall Linwood R. German File 15. WAS DECEASED EVER IN U.S. ARMED FDRCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unkown) (If yes pive war or dates of service) permit. removal, 577-14-0291 Mrs. Vera Wright no 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c).] PART I. DEATH WAS CAUSED BY: burial-transit cremation, or IMMEDIATE CAUSE (a) DUE TO Conditions, If any, which (b) geve rise to immediate DUE TO ceuse (a), stating the underlying cause last. ed as burial, (c) NO PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATI Shop or or 20a. EXTERNAL CAUSE WAS DESCRIBE HOW INJURY OCCURRED. (Enter nature of intury in Part I or Part II of Item 18.) PRIMARY Or CONTRIBUTING CAUSE OF DEATH. should lent, pri 3 shou MEDICAL 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) 20c. TIME DF INJURY Month, Day, Year factory, street, office bldg., etc.) Hour a.m. While Not While at work et work FUNERAL DIRECTOR: Page I Health or its designated 21. I certify that I took charge of the remains described above, held an Autopsy Inspection Suicide Undetermined manner death resulted from: Natural causes | x Accident Homicide CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER X M D SIGNATURI DEPUTY MEDICAL EXAMINER **EXAMINER'S** Werner U. Spatz, Address (Street, city, town, or county) NAME (Type) BURIAL, CREMATION, 23b. DATE THEREDF NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) 23a. 23c. REMOVAL (Specify) of Owings, 0 Burial Jan. .1966 Harmony Chr. 25a. REC'D'BY REGISTRAR 25b. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR VR ALSME (5) Vome Owings, Maryland

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 00508 MEDICAL EXAMINER'S CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) b. COUNTY c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) e. IS RESIDENCE DN A FARM? NO X Year Month Dev 66 AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. last birthday) | Months | Days 12. CITIZEN OF WHAT 11. BIRTHPLACE (State or foreign country) COUNTRY? USA Chillum 520 Hyattsville, Maryland INTERVAL BETWEEN ONSET AND DEATH Massive spontaneous intra-cerebral hemorrhage

19.

(County)

Inquiry

YES X

WAS AUTDPSY PERFORMED?

NO T

(State)

and in my opinion

22. DATE SIGNED

(State)

1/14/66

Maryland

William B. L. Strick Co. or The ALCOHOLD SET TO ACTUAL A AND THE REPORT OF THE RESIDENCE OF THE PARTY. The second state of the second contract to a source to the second of the se THE LINE STORY THE REST OF THE PROPERTY OF THE

24 hours after death. funeral Beath. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and confident filled in by the filector, page 3 should be detached for use as the burial-transit permit. Then please remove carbon pages. Pages 1 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Page 4 may be retained by the hospital or attending physician.

	DIVISIO 00509	N OF STATISTIC				N STREET, BALTI	MORE 1, M	ARYLAND	1)
1.	PLACE OF DEATH a COUNTY Calvert		Item #1	MARYLAND	2. USUAL RESIDEN	CE (Where deceased lived, I	C a	lvert	
		N (if outside corpora and give nearest tov rederick		19 days	Chesapeake	Beach, Mary		04	1-1
		County Hos		iospital, give street address	d. STREET ADDRESS				FARM?
3.	NAME DF DECEASED (Type or print)	Baby	rst Gir]	Middle H	Last arris	DF	ionth /		'ear
	sex Cemale	6. COLOR OR RACE		NEVER MARRIED	8. DATE OF BIRTH 12/19/65		ars IF UNDER 1		ER 24 HRS.
		ION (Give kind of work ing life, even if retire		KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (C	County & State, or foreign con	untry) 12. Cl	TIZEN OF WHA	AT
	Raymond H				14. MOTHER'S MAI	DEN NAME			
15 (Ye	. WAS DECEASED s, no, or unkown)	EVER IN U.S. ARMED FO (If yes give war or dates of	ORCES? 16		rs. Lucy Gor		dress beake Be	each. M	d.
		immediate DUE	(a)TO (b)	line for a), (b), and (c). I	Ty-Mol	whilin		INTERVAL E ONSET ANI	DEATH
CERTIFICATION		WAS UNDERLYING DEADLING CAUSE OF DEADLING MEDICAL EXAMI		UTING TO DEATH BUT NOT RE				YES [AUTOPSY DRMED? NO X
MEDICAL	20c. TIME OF Hour a.i		Year 20d. While at wor	Not While fac	ACE OF INJURY (Home, 1 tory, street, office bldg.,	etc.) 20f. (City or tow	n) (Cou	nty)	(State)
	/	ceased alive on RE	de la	1	at death occurred at ATTENDING PHYS. 22d. ADDRESS	MED. STAFF	ses and on th	66, that (I) ne date stat TE SIGNED	
232	. BURIAL, CREM REMOVAL (Sp	MATION, 23b. DATE 1/6	THEREOF	23c. NAME OF CEMETE		Barstow	cal.		(State)
24	FUNERAL DIRI	/	Frinc	e Frederick-	25a. RI	1 0 1966 A	REGISTRAR'S	Judge	

VR A15 (4) 15M 4-64

SHE	

executed within 24 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 00510 CERTIFICATE OF DEATH

1)	PLACE OF DEATH a. COUNTY Calvert MARYLAND	a. STATE	E (Where dec	eased lived, If ins	ititution: Resid	ence before a	dmission
	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) Prince Frederick, Md 7 days			orate limits, wr laryland		.04	1-1
	d. NAME DF HDSPITAL OR INSTITUTION (If not in hospital, give street eddress) Calvert County Hospital	d. STREET AOORESS				e. IS RES	FARM?
3.	(-) Pro or Friday	Last Hurley	4. DATE OF DEATH	Monta	h	Day Ye.	ar 66
	emale 6. COLOR OR RACE 7. MARRIEO NEVER MARRIEO 8 8 9 1 1 1 1 1 1 1 1 1	3/4/84	9.	AGE (In years last pirthday)	IF UNDER 1 Y Months Oa		R 24 HRS
	USUAL OCCUPATION (Give kind of work done Ing most of working life, even if retired) House Wife FATHER'S NAME	Marylar 14. MOTHER'S MAIC	rd		12. CITIZ	TEN OF WHAT	
16	Charles Hurley	Sarah Jo		111			
(Y)	S. no. or unknym) (If yes nive war or dates of service)	INFORMANT Sarah Clas	ggett	Addre Owing:		yland	l
	18. CAUSE DF DEATH [Enter only one cause per line for, (a), (b), and, (c).] PART I. OEATH WAS CAUSEO BY: IMMEDIATE CAUSE (a) OUE TO Conditions, if eny, which gave rise to immediate couse (a), stating the underlying cause last.	hisch	C.V.	dise	a40	NTERVAL BE ONSET AND	TWEEN
CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA					19. WAS AU PERFOR YES [
	20a. ACCIOENT WAS UNOERLYING COUNTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RREO. (Enter nature of	f injury in Pe	ort I or Part II o	of item 18.)		
MEDICAL		CE OF INJURY (Home, fa ry, street, office bldg., e		(City or town)	(County) (State)
	21. I certify that (I) (this hospital) attended the deceased from 19 and that 22a. SIGNATURE 22c. PHYSICIAN'S NAME (Type) D. Page Jett	ATTENOING PHYS. 22d. AOORESS	MEO. OIRECTOR	om the causes STAFF. PHYS. rederi	and on the 22b. OATE	SIGNEO	d above
238	REMOVAL (Specify) 1/4/66 St. Edmonds			nderlan		100	tate)
24	FUNERAL OIRECTOR ADDRESS P. E. Sewell- Runce Fred. 1	25a. RECOATE 1			EGISTRAR'S S	-	U

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then phase remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate. Page 4 may be retained by the hospital or attending physician.

VR A15 (4) 15M 4-64

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DEPARTMENT OF HEALTH Division of STATISTICAL RESEAR W. PRESTON STREET, BALTIMORE 1, MARYLAND 2. USUAL RESIDE decessed livad, If institution: Residence before dimission) PLACE OF necessary, ector. Page e. STATE al director. Pag for your files. MARYLAND LENGTH OF STAY IN 16 e. IS RESIDENCE ION (if not in hospital, give street eddress) ON A FARM? YES NO 4. DATE Day Month to the hours OF DEATH with 72 h 9. AGE (In years IF UNDER 24 HRS. 7. MARRIED NEVER MAKRIED шау last birthdey) Months WIDOWED DIFORCED yrs. 1Da. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUS (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME James Jacks Doroth//Thomas Earl Ruth Thelma Jacks "in pencil in Item 18. Office along with forth burial-transit permit. F 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unkown) | (Ifyes give wer or detes of service) owings- Md. Jacks James 18. CAUSE OF DEATH [Enter only one care per line for (e), (b), end INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) DUE TO This certificate should O cremation, "pending" geve rise to immediate causa (0) DUE TO 35 Examiner nsed ceuse lest. BUT NOT RELATED TO THE TERMINAL DISEASE DITRIBUTING TO DEATH Ma) 19. WAS AUTOPSY PERFORMED 8 please exect. We certificate, writing the word 4 should be forwarded to the Chief Medical E O FUNERAL DIRECTOR: Page 3 should be Health or its designated agent, prior to burial 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pay) CAUSE OF DEATH. 200. EXTRUAL CAUSE WAS EXAMINER: 20d. INJURY OCCURRED 20e. PLICE OF INJURY (Home, ferm, 20) (City or town) Month, Dey, Years 20c. TIME OF INJURY agent, I While Not While at work | et work 21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry and in my opinion DICAL death resulted from: Natural causes Accident Suicide Homicide Undefermined manner CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER DATE SIENE SIGNATURE DEPUTY DEPUTY MEDICAL EXAMINER EXAMINER'S NAME (Type) Address (Street, city, town, or county) 220. BURIAL, CREMATION. 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) (Stete) REMOVAL (Specify) Mt. Hope Church Cem Md OH Sunderland ADDRESS 24a. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR VR A15ME Prince Frederick-Md. Leonyel Par 5M 1/62

TUE UE The the second of the second of the second Laboration applications of the - a Chi a la . ne to trober antil Theory a . The antil 00

O DEPUTY MEL EXAMINER: This certificate should be executed within 24 hours after death. If any delay cessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. **FO DEPUTY MED**

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after depth. VR AISME (5) 5M 1/65

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

1. PLACE OF DEATH a. COUNTY MARYLAND b. DIFF OR TOWNSEL DUISIDE Consequent Himits, A county MARYLAND b. DIFF OR TOWNSEL DUISIDE Consequent Himits, A county MARYLAND b. DIFF OR TOWNSEL DUISIDE Consequent Himits, A county MARYLAND c. CITY OR TOWN (If outside Consequent Himits, A county MARYLAND c. CITY OR TOWN (If outside Consequent Himits, A county Maryland d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) J. NAME OF BECCASED First Middle Lest 4. DATE Month Day Year Yes NO A SEATH 19 A DATE ON A RANN, YES NO A 109, UBUNJOCCUPALIEN (Give kind of Work done) MOUNTS MICHAEL OR WINDOW MICHAEL OR WORK OF BUSINESS OR 11. BIBJIFFACE State or foreign country) 12. CITIZEN OF WHAT COUNTY A DATE ON A RANN YES NO NITERVAL GETWEEN ONSET AND DEATH 19. WAS AUTOPSY YES, NO NO INTERVAL SETUP HAT COUNTY OUE TO CONGITION GRUSS (IA) MIMEDIATE CAUSE (IA) MIMEDIATE CAUSE (IA) MIMEDIATE CAUSE (IA) MIMEDIATE CAUSE (IA) DESCRIBE HOW INJURY OCCURRED (IA) A DATE OUE TO CONGITION GRUSS IN INTERVAL SETWEEN ONSET AND DEATH OUE TO CONGITION GRUSS IN INTERVAL SETWEEN ONSET AND DEATH A DATE MONTH 18. CAUSE OF DEATH LENter only one cause deviline for (I3), (by, find (C)) PART I. OEAH WAS CAUSE (IA) MIMEDIATE CAUSE (IA) MIMEDIATE CAUSE (IA) MIMEDIATE CAUSE (IA) DUE TO CONGITION GRUSS IN INTERVAL SETWEEN ONSET AND DEATH OUE TO CONGITION GRUSS IN INTERVAL SETWEEN ONSET AND DEATH OUE TO CONGITION GRUSS IN INTERVAL SETWEEN ONSET AND DEATH MINITERVAL SETWEEN ONSET AND DEATH WHILE A DATE ON INTERVAL SETWEEN ONSET AND DEATH WHILE A DATE ON INTERVAL SETWEEN ONSET AND DEATH WHILE A DATE ON INTERVAL SETWEEN ONSET AND DEATH WHILE A DATE ON INTERVAL SETWEEN ONSET AND DEATH WHILE A WORK	MEDICAL EXAMINER'S	CERTIFICATE OF DEATH
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d. NAME OF HOSPITA/DR INSTITUTION (if not in hospital, give street address) d. SINEET ADDRESS e. IS RESIDENCE ON A FARM. 7 ES NO. 3. NAME OF First Middle Lest 4. DATE Month Day Year (1/2) PEATH 5. SRX 6. COLOR OF RACE 7. MARRIED NEVER	b. STY OR TOWN III outside concrete limits, c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits write BURAL and give nearest town)
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DECEASE DECEASED (Type or print) 19	3. NAME OF First / Middle /	
S. SAX G. COLOR OF RACE 7. MARRIED REVER MARRIED S. DATE/OF BIRTH S. DATE/OF	DECEMBED	97 - OF / /5
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Couse (a), stating the underlying cause last. PART II OTHER SIGNIFICANT CONTRIBUTING CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) PART II OTHER SIGNIFICANT CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CAUSE OF DEATH. COAUSE OF DEATH. COUSE (a), stating the Underlying cause last. PART II OTHER SIGNIFICANT CONTRIBUTIONS CONTRIBUTING CONTRIBUTION CONT	Conditions, if any, which } (b)	
Underlying cause last. PART OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY PERFORMED? YES		
PERFORMED? YES NO ZOB. EXTERNAL CAUSE WAS PRIMARY DE CONTRIBUTING CAUSE OF DEATH. PERFORMED? YES NO YES NO CAUSE OF DEATH.		
	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT REL	
	3 Town alad in per	
	20a. EXTERNAL CAUSE WAS PRIMARY DESCRIBE HOW INJURY OCC PRIMARY DESCRIBE HOW INJURY OCC CONTRIBUTING DESCRIBE HOW INJURY OCC PRIMARY DESCRIBE HOW INJURY OCC PRIMARY DESCRIBE HOW INJURY OCC PRIMARY DESCRIBE HOW INJURY OCC	URREO. (Enter nature of Injury In Part I or Pert II of Item 18.)
430 em. //5 66 While at work at work of Street, office bldg., etc.)		ACT OF INJURY (Home, farm, 20f, (City or to-f) (County) (Syle)
	While Not While at work at work	FIME Inntriduce Calul Ul
21. I certify that I took charge of the remains described above, held an Autopsy , inspection , figury , and in my opinion		d an Autopsy . Inspection . Aguiry . and in my opinion
death resulted from Natural causes Accident . Suicide . Homicide . Undetermined manner		
CHIEF MEDICAL EXAMINER		
ACTUAL SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER 22. DATE SIGNED	SIGNATURE AT WWW.	M.D. ASSISTANT MEDICAL EXAMINER 22. DATE SIGNED
OEPUTY MEDICAL EXAMINER OF THE PROPERTY OF THE	EXAMINER'S	7 /// / / 0
NAME (Type) Address (Street, city, town, or county) 23a. BURIAL-CREMATION. 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State)		
PREMOVAL (Specify)	REMOVAL (Specify)	00 - 1000 1 2000
24. FUNERAL DIRECTOR ADDRESS 25a. REC'D BY REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS	
W.w. thanbur 6. In. 5/2-11 th. J. E. DATEN 17 1956 Mingles Judge	101 4 - 1 6 1 510 11 to 11	S. S my 17 1000 Minute Judge

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

	00513 CERTIFICATE OF DEATH	00504
1.	PLACE DF DEATH a. COUNTY CAPUEAT MARYLAND 2. USUAL RESIDENCE (Where deceased lived, If Institution a. STATE b. COUNTY)	on: Residence before admission
	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b C. CITY OR TOWN (if outside corporate limits, write R A - 1 - 2 - 3 - 3 - 3 - 3 - 3 - 3 - 3 - 3 - 3	URAL end give nearest town
	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) Collect Nursing Home Mersey Mersey Senen	e. IS RESIDENCE ON A FARM? YES NO
3.	NAME OF First Middle Last 4. DATE Month OF OF DECEASED (Type or print) F. KOEGEL DEATH JAD.	Day Year 9 1966
	WIDOWED DIVORCED 70. 4, 1893 /2 yrs.	NDER 1 YEAR IF UNDER 24 HR ths Deys Hours Min
dur	sup. Public Works! Snocklyn N.Y.	2. CITIZEN OF WHAT COUNTRY?
	HATHER'S NAME 14. MOTHER'S MAIDEN NAME 7 7	
(Ye	S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address es, no, or unknown) (If yes give war or dates of service) W1 518-07-9(5) JOHN O.KOEGEL SAME AS #	2 ABOVE
NO	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TD Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	INTERVAL BETWEEL ONSET AND DEATH Hypercus (a) 119, WAS AUTOPS
CERTIFICATION	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Ite OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	YES ND
MEDICAL	20c. TIME OF INJURY Month, Day, Year Hour a.m. p.m. 19 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bidg., etc.) 4 work 10 et work	(County) (State)
N	21. I certify that (I) (this hospital) attended the deceased from MAKCH, 1963 to SON, saw the deceased alive on 1966, and that death occurred at M. M. from the causes and 22a. SIGNATURE M.D. ATTENDING MED. STAFF PHYS. DIRECTOR PHYS. 22d. ADORESS NAME (Type) 22d. ADORESS MAME (Type) 22d. ADORESS	on the date stated above
232	REMOVAL (Specify) JAN. 12. 1966 ST. GEORGE EPISCOPAL VALLEY LEE.	MARYLAND TRAR'S SIGNATURE
1	W. CLARKE MATTINGLEY LEONARDTOWN. MARYLAND DAN 13 1966 Action	0 0

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hours after death.

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept, of Health prior to burial, cremation, or removals and In any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH **DIVISION OF STATISTICAL RESEARCH** AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

	UUULY			O EITH IOA	-	OI DEAII	•				UU	UUt	,
1.	PLACE OF DEAT	Н			2.	USUAL RESIDENCE	CE (Wher	e deceas			esidence	before ac	Imission)
		vert		MARYLAND		a. STATE	rland		b. COUN	Calv	rert.		
	b. CITY OR TOW	/N (If outside corporate IImi	ts,	c. LENGTH OF STAY IN 1	b c.	CITY OR TOWN (If			ate limits, wr			e neares	t town)
		Frederick, Mo		Owin	Igs.	Mar	yland			du	1		
	d. NAME OF HO	SPITAL OR INSTITUTION (IF	ot In ho	L day	(s) d.	STREET ADDRESS	50,	11001	<i>y</i> 22.002.100		0	. IS RES	
		t County Hospi									Y	ON A F	ARM?
3.	NAME OF DECEASED	First		Middle		Last	4. DI	TE	Month	1	Day	Yea	
	(Type or print)	T.oretta		Esmarila	1	Marquess	OF	ATH	1		5	196	56
5.	SEX	200	RRIED	NEVER MARRIED	8. [DATE OF BIRTH		9. A		IF UNDER		IFUNDER	24 HRS.
Re	emale		OOWED	DIVORCED	(9/24/97		6		Months	Days	Hours	Mln.
102	. USUAL OCCUPAT	ION (Give kind of work done I	10b. KI	ND OF BUSINESS OR		1. BIRTHPLACE (C	ounty & S		-)100) 12. C	TIZEN (OF WHAT	
-		ing life, even if retired)	IN	DUSTRY		Mar	ylan	d		7%	DUNTRY	A	
	FATHER'S NAM				14	. MOTHER'S MAIL				10	· V.	1	
	William	Cochran				Cassie A	nn S	tin	net.t.				
15	. WAS DECEASED	EVER IN U.S. ARMED FORCES	1 16. 5	OCIAL SECURITY NO. 12	7. INF	ORMANT	1111 C	, 0111	Addres	ss			_
(Ye	s, no, or unkown)	(If yes give war or dates of servic	()						in.		,	A	
	no	DEATH CELL	-		Pat	tient			O W	nus	1 0	ma	
		DEATH [Enter only one caus	e per III							- /		RVAL BE	
M	PART I. DEATH WAS CAUSED BY: Cor onary Occlusion									16	hrs	•	
	Conditions, if any, which \ Coronary Insufficiency									2	wks.		
	Conditions, if			Coronary II	nsui	ilclency					-	wra.	
	gave rise to ceuse (e), s			D4 -1 1							Ser	rerel	Yrs
-	underlying caus			Diabetes									
CERTIFICATION	PART II. OTHER S	SIGNIFICANT CONDITIONS CO	NTRIBU'	TING TO DEATH BUT NOT RE	ELATED	TO THE TERMINAL I	DISEASE	CONDIT	FION GIVEN IN	PART 1(a)	19. YES	WAS AU PERFOR	TOPSY MED? NO
TIF	20a. ACCIDENT	WAS UNDERLYING	20b. D	ESCRIBE HOW INJURY OF	CURRE	D. (Enter nature of	f Injury I	In Part	I or Part II o	f Item 18.	.)		
CER	(IF EITHER, NO	ING CAUSE OF DEATH TIFY MEDICAL EXAMINER)											
SAL	20c. TIME OF	INJURY Month, Day, Year	20d. IN			OF INJURY (Home, fa		f. (CI	ty or town)	(Cou	nty)	(5	tate)
MEDICAL	Hour a.r		While at work	Mot while	ctory, s	treet, office bldg., e	tc.)						
	21. I certif	y that (I) (this hospital)	ttende	d the deceased from_	19	52, 1	9	to	1-5-66	, 19	, th	at (I) (v	ve) last
	saw the de	ceased alive on 1-5-	-66		hat de	ath occurred at 8	3:50M	, from	the causes	and on th	ne date	stated	above.
П	22a. SIGNATUI	RE)	/-	1						22b. D	ATE SIG	NED	
		1 gase	21	X/ \	V.D.	ATTENDING PHYS.	MED. DIRECTO	R 🔲	STAFF PHYS.	1/	17/68	5	
	22c. PHYSICIA NAME (T		T 1			22d. ADDRESS		Ti-sa	adomi als	Max	177 01	nd	
		Dr. Page C.	Jet	t		PI	Tuce	FF	ederick	, Mai	ATGI	iu	
23a	BURIAL, CREM	ATION, 23b. DATE THERE)F	23c. NAME OF CEMETE	RY OR	CREMATORY /	23d.	LOCA	TION (City, to	wn or cou	inty)	(St	ate)
	Bureak	Fran 8, 19	66	mt Has	tmo	ng Chilos		0	wing	50		M	1
24	FUNERAL DIRE	CTOR/	2 , ,	ADDRESS		110	C'D BY R			GISTRAR'		TURE	
1	Hitch	ing Tuneral	10	me Warny	7) }	DEC. DATAN	12	196	18 1800	ionela	7 lu	dak:	

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DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 00515 CERTIFICATE OF DEATH funeral and 2 death PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. COUNTY b. COUNTY Maryland after by the f Pages 1 urs after Calvert Calvert MARYLAND b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b ve carbon papers. Page event, within 72 hours hours prince frederick North Beach filled in days d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) e. IS RESIDENCE d. STREET ADDRESS ON A FARM? Calvert county Hospital NO X YES letely executed within 3. NAME OF First Middle Last 4. DATE Month Day Year DECEASED Rellie 19 66 Neuhaus DEATH 24 (Type or print) Augusta 6. COLOR OR RACE | 7. MARRIED DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. remove NEVER MARRIED last birthday) | Months | Oavs Hours | any Whi te and 6/8/96 Female. WIDOWED DIVORCED 69 = 10a. USUAL OCCUPATION (Give kind of work done | 10b. KIND OF BUSINESS OR physician 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT ease and ir pe during most of working life, even if retired) INDUSTRY COUNTRY? U.S.A. housebife D. C. The law requires that the death certificate or attending physician. removal, 13. FATHER'S NAME MOTHER'S MAIDEN NAME attending John P. Taylor Catherine C. Taylor 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT Address been signed by the atten the burial-transit permit. or to burial, cremation, or (Yes, no, or unkown) (If yes give war or dates of service) 2505 Afton St., Hillcrest John F. Lanham Heights, Md. 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a DUE TO Conditions, If any, which Thoracic: cause unknown (b) gave rise to immediate as the prior to DUE TO (a), stating the underlying cause last, has CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY r this certificate h detached for use te Dept. of Health p for use Health PERFORMED? YES T NO T the hospital PHYSICIAN: 20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) OESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) MEDICAL (State) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or/town) (County) To Function by the Page 4 may be retained by the TO FUNERAL DIRECTOR: After the director, page 3 should be defeated with the State I factory, street/ office b/dg., etc.) Hour a.m. While Not While ATTENDING 19 at work at work 60 21. I certify that (I) (this hospital) attended the deceased from 19 and that death occurred at M, from the causes and on the date stated above. saw the deceased alive on 22a. SIGNATURE 22b. DATE SIGNED STAFF M.D. PHYS. OIRECTOR PHYS. 22c. PHYSICIAN'S 22d. **ADDRESS** NAME (Type) George J. Weems, M. D. Huntingtown, Md. TO h. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) 26th-66 Suitland, Maryland Burial Cedar Hill Cemetery AOORESS 25b. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR REC'D BY REGISTRAR Simmons Bros. 1661- Good Hope Rd. SE. Wash. DC

MARYLAND STATE DEPARTMENT OF HEALTH

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

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DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

1.	PLACE DE DEAT	гн				1	2. USUAL RESIDEN	ICE (When	e deceased live	d. If Ins	titution:	Residence	before ad	Imission)
	Calver	. 4-	a. STATE b. COUNTY											
	b. CITY OR TOWN	Calvert c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)												
					77 ospital, give street ad		Port R	epub	olic				04-	-/
	d. NAME OF HO	SPITAL OR INST	ITUTION (I	not in he	ospital, give street ad	idress)	d. STREET ADDRESS	3				е.	IS RES	
_	Calver	t Coun	ty Ho	spi	tal							Y		NO 🗌
3.	DECEASED		First		Middle		Last	4. DA		Month		Day	Yea	r
-	(Type or print)		Susie		Elizabe		Rice		ATH	Ja	n.	10	19	66
3.		6. COLOR OR	RACE 7.	MARRIED]	NEVER MARRIED	8			9. AGE (In	years	IF UNDER	Days	F UNDER Hours	24 HRS.
	F	Negro		IDOWED	DIVORCED		4-22-07		50	yrs.		Days	Hours	IVI JET.
dur	I. USUAL OCCUPA Ing most of worl	TION (Give kind o: ling life, even if	f work done retired)	10b. K	IND OF BUSINESS OR		11. BIRT HPLACE (County & S	tate, or foreign	country) 12. 0	ITIZEN O		
	Housev						Calvert	Cou	inty. M	d		COMINI		
13.	FATHER'S NAM	ΛĒ					14. MOTHER'S MAI				,			
	Willia	m Gold	er				Robe	rta	Brady					
15. (Ye	. WAS DECEASED	EVER IN U.S. ARM	AED FORCES	? 16.	SOCIAL SECURITY NO.	17.	INFORMANT .			Addres	s			
(, ,	of troy or arranging,	(11 yes give war or	United Of Self	ice)		I.T.	ohn T. Ri	CA	Port	Re	ולוות	ic	Ма	
1	18. CAUSE DF	DEATH [Enter o	nly one cau	se per li	ne for (a), (b), and (a)	1	O1111 1 1 1 1 1 1	4	1010	110	pabi		VAL BET	WEEN
		EATH WAS CAUS	ED BY:	m	abrilie	Lin	n de	w	6			ONSE	T AND D	EATH
	2001	HAIMEDIALE C		10	Gott to got			/ -				-		-
	Cenditions, If	any, which \	DUE TO	ne	meshoa	ren	ne a aboliming wall year						ar	•
	gave rise to	Immediate /	(b)_ DUE TO	1	The first	-071						-		
	cause (a), s underlying cau	tating the		0										
NO			(c)_ NDITIONS C	ONTRIBU	TING TO DEATH BUT NO	OT RELAT	ED TO THE TERMINAL	DISFASE	ONDITIONG	VENINI	PART 1(a)	110	WAS AU	IOPSV
CATI			-				ED TO THE TERRITAL	DIOLIOLO	John Hollan	V 6.14 114 1	MILL T(n)		PERFORM	MED?
F	20a. ACCIDENT	WAS UNDERLYI	NG 🗇	20b. D	ESCRIBE HOW INJURY	v occile	DED /Enter nature o	f Indusy I	n Bort Lor Br	ort 11 of	Hom 10	YES		40 D
CERTIFICATION	OR CONTRIBUT (IF EITHER, NO	ING CAUSE OF	F DEATH XAMINER)	201, 2	LOOKIDE HOW MICK	1 0000	ALD. (Litter hature o	i injury i	ii rait i vi ra	311 11 01	Heili Id)		
MEDICAL		INJURY Month,	Day, Year	20d. IN	JURY OCCURRED 20	De. PLAC	E OF INJURY (Home, f	arm, 20	f. (City or to	own)	(CO	unty)	(\$1	tate)
AED AED	Hour a.		19	While at work	Not While	ractor	, street, office bldg., e	etc.)	/ ,					
					d the deceased fro	om /	VW 1	9	en ///	0	10-1	the	t (I) (w	doct /o
		ceased alive o	1 .1 1	10			death occurred at	4 4 4	from the o	alicae d	, 13			
	22a. SIGNATU		1			ra tirat	acath becomed at	1	, mon the c	00363		ATE SIGN		above.
	16	Mulu	llai	un	1	M.D.	ATTENDING PHYS.	MED. DIRECTO	R PHYS.					
	22c. PHYSTCI/ NAME (T		1		TARLEBE		22d. ADDRESS	5	11110.		-	1		
	NAME (I	(he)	OF	1/11	ALCERC) +	re	mor	a	10	en	-	
23a.	BERIAL, CREN REMDVAL (Sp	ATION, 23b.		EDF			OR CREMATORY	23d.	LOCATION (City, to	wn or co	unty)	(Sta	te)
		1-1	5-66		Brooks C	hur	ck Cem	M	lutual			N	1d	
24.	FUNERAL DIR	CTOR	1	,	ADDRESS			C'D BY R	EGISTRAR 2	5b. RE	GISTRAR	'S SIGNA	TURE	
	1. E. S.	civell	fr	mce	Frederice	k, h	1d DATEAN	114	1966	700	lyani	2 Ju	dge	
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W. PRESTON STREET, BALTIMORE 1, MARYLAND Division of STATISTICAL RESEARCH AND MEDICAL EXAMINE MEDICAL EXAMINER Item #9 Film #6373 2 USUAL RESIDENCE (Where deceased fived, If institution; Residence before edimission) PLACE OF DEATH b. COUNTY alvert e. COUNTY director. Pag or your files. Calvert Maryland MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) Huntingtown, Md. 8 / CATO Neeld's Estate, Huntingtown, d. STREET ADDRESS e. IS RESIDENCE ON A FARM? State | YES NO X 3. NAME OF First 4. DATE Lasi Month Day hours DECEASED OF the (Type or print) Marguerite Marie Riordon DEATH 29 1, 2, and 3 to fl ge 5 may be r and 2 with the within 72 hou 19 66 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. AGE (In years last birthday) Months Days Female WIDOWED DIVORCED 69/ yrs. I within 24 hours affer 18. Give Pages 1, 2, h form PM3. Page 5 1De. USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired Riverdale, Maryland
14. MOTHER'S MAIDEN HAME Housewite Own home File pages 13. FATHER'S NAME Harry Thornton Knight any Unknown 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. in pencil in Item 18. (Yes, no. or unknown) | (If yes give war or detes of service) Office along with burial-transit perm No Riordon 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c), INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY LNFILTRATION IMMEDIATE CAUSE (a) DICAL EXAMINER: This certificate should be DUE TO Po Conditions, if eny, which (b) cremation, "pending" m gave rise to immadiate causa DUE TO Se Examiner' (a), stating the underlying pesn cause lest. CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a): 19. WAS AUTOPSY burial, PERFORMED? please execute the certificate, writing the word 4 should be forwarded to the Chief Medical E. O FUNERAL DIRECTOR: Page 3 should be Health or its designated agent, prior to burial. YES X NO T 20a. EXTERNAL CAUSE WAS 2Db. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Pert II of item 18.) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. 2Dd. INJURY OCCURRED | 2De. PLACE OF INJURY (Home, farm, 20c. TIME OF INJURY Month, Dey, Year 2Df. (City or town) (County) (State) factory, street, office bldg., etc.) While Not While MEDI at work at work 21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry and in my opinion Natural causes death resulted from: Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY DEPUTY MEDICAL EXAMINER EXAMINER'S Address (Street, city, town, or county) NAME (Type) 22a, BURIAL, CREMATION. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) REMOVAL (Specify) OH Cedar Hill Cemetery Burial Suitland Maryland 8434 Georgia Avenue VR A15ME 5M 1/62

ND STATE DEPARTMENT OF HEALTH

10 FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then presse remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal and any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

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1.	PLACE DF DEATH a. COUNTY			CE (Where deceased lived, If Institution:	Residence before admission)
	Calvert	MARYLAND	a. STATE	perland b. COUNTY	Menune
_	b. CITY OR TOWN (If outside corporate limits.	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If	outside corporate limits, write RURA	AL end give nearest town)
	write RURAL and give nearest town)		10.006	D.C. 11.	9
_	d. NAME OF HOSPITAL OR INSTITUTION (If not in ho	2/24K.	CE/135/1	, W.C. 16-	/ e. IS RESIDENCE
			d. STREET ADDRESS	1 1/2	ON A FARM?
	Calvert Nursing Home,		CK, 014 21	OKMODY HILLS.	YES NO NO
3.	NAME DF First DECEASED	Manual and	Last	4. DATE Month	Day Year
	(Type or print) Rachel	C	Simmons	DEATH Jan. 18	19 66
5.	SEX 6. COLOR OR RACE 7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years IFUNDE	R 1 YEAR IFUNDER 24 HRS.
Q.	R WIDOWED	DIVORCED	June 27, 1	1878 last birthday) Months	Days Hours Min.
10	. USUAL OCCUPATION (Give kind of work done 10b. K	IND OF BUSINESS OR	1 11. BIRTHPLACE (C	county & State, or foreign country) 12.	CITIZEN OF WHAT
dui	ing most of working life, even if retired)	NDUSTRY			COUNTRY?
12	nousewife a	t home	Pennsyl	Valle	S A.
13	The state of the s		14. MOTHER'S MAIL		
	William Winter		Catherin		
15	ne ma av imbaum) //fuer sine was av dates of cassical		INFORMANT	Address	- 77 T
	No No 57	8.30,8360.A.	Roberta C	.Myers 314.Carm	ody "ills "
	18. CAUSE DF DEATH [Enter only one cause per li	ine for (a), (b), and (c).1			INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY:	Pneumonia			ONSET AND DEATH
	IL 9 2 VIMMEOIATE CAUSE (a)	I II GUII OII LA			40 Hours
	Conditions If any which)	Cardiac Fail	11770		24 hours
	Conditions, if any, which gave rise to immediate (b)	Carurac rail	.ure		24 11001.2
	cause (a), stating the OUE TO				
2	underlying cause last. (c)				
CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBU	TING TO DEATH BUT NOT RELA	TEO TO THE TERMINAL I	DISEASE CONDITION GIVEN IN PART 1(a	1) 19. WAS AUTOPSY PERFORMED?
ICA					YES NO
E	20a. ACCIDENT WAS UNDERLYING 1 20b. I	DESCRIBE HOW INJURY OCCU	IRRED. (Enter nature o	f Injury In Part I or Part II of Item 1	.8.)
CE	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				
SAL	20c. TIME OF INJURY Month, Day, Year 20d. II		CE OF INJURY (Home, fa		ounty) (State)
MEDICAL	Hour a.m. While	MOT MUHE -	ry, street, office bldg., e	etc.)	
Σ	p.m. 19 at work		1062	3 78 40	66
	21. I certify that (I) (this hospital) attends	d the deceased from	1963		66, that (I) (we) last
8	Saw the deceased alive on	19.66 , and that	death occurred at	IVI, ITOITI CHE CAUSES AND ON	the date stated above.
	22a. SIGNATURE		ATTENDING (THE	MED. STAFF	OATE SIGNED
	Jay V	C/Y M.D). PHYS.	DIRECTOR PHYS.	1-18-66
	22c. PHYSICIAN'S Page (C. Jett	22d. ADDRESS	Prince Freder	ick, Md.
23	a. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify)	23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATION (City, town or c	county) (State)
1	Burial 1.21.66	Pike Brethr	en Ch. em	Mundy's Corne	r Pemna
24	FUNERAL DIRECTOR	ADDRESS	25a. RE	C'D BY REGISTRAR 25b. REGISTRA	R'S SIGNATURE
	Lee Funeral Home 300.	4th st N E	DATAN	21 1966 Pelione	es Judge

VR A15 (4) 15M 4-64

wardeness a fire and a late and a market of the fire

TO SEE THE SECOND CONTRACTOR OF THE SECOND CON

ory, pleose exe-	age 4 should be		urial, cremation,	
y delay is necessi	eral rector. P.	rour P. S.	gistror prior to bu	
fter deoth. If ony	ond 3 to the fun	be retained for y	and 2 with the reg	
within 24 hours of	Give Pages 1, 2,	A3. Poge 5 may	it. File poges 1 o	
id be executed	encil in Item 18.	ang with form PA	rial-tronsit perm	
is certificate shot	'pending' in pe	miner's Office old	d be used os o be	
AL EXAMINER: Th	, writing the word	Chief Medicol Exa	OR: Page 3 should	
TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours ofter death. If any delay is necessary, please exe-	cute the certificity, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral restor. Page 4 should be	forworded Ana Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your f	TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the registror prior to burial, cremation,	or removol.
10	U	tohu.	10	U

00

		MARYL	AND S	TATE DEPAR	TMEN	NT OF HE	ALTH-	-BAL	TIMORE,	18			
	0051	9 ME	DICAL	EXAMINE	R'S	CERTIFIC	CATE	OF	DEATH	Reg. D	ist. No.	00	510
	PLACE OF DEATH	Calvert		MARYL		2. USUAL RESIDE	Mary	land	ed lived. If Institut b. COUNTY				ssion)
1	and give nearest tow	(If outside corporate limits, write on) Owings	RURAL	c. LENGTH OF STAY I	N 16	c. CITY OR TO	WN (IF ou		orole limits, write	RURAL one	d give ne	arest to	wn) - /
•	I. NAME OF HOSPI	TAL OR INSTITUTION (I	f not in hospi	ital, give street address)	d. STREET ADD	RESS					ON	SIDENCE A FARM?
	NAME OF DECEASED (Type or print)	Saman		Middle	Smi	th.	4.	DATE OF DEATH	Month Jan.	15	Day		66
	F	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	_		65		9. AGE (In years lost birthday) yrs.	Month:	Doys 14	Hours	R 24 HRS. Min.
00	. USUAL OCCUPATI Juring most of worki	ION (Give kind of work oing life, even if retired)	ione 10b. Kli	ND OF BUSINESS OR II	NDUSTRY	11. BIRTHPLACE	(Stote or	foreign c	ountry)	12. CIT	USA		COUNTRY?
13.	FATHER'S NAME				1	4. MOTHER'S MA			TO THE STATE			a go	
		rman Smith					ble	Watk					
	No. or unknown	VER IN U. S. ARMED FOI (If yes, give wer or dates of s		OCIAL SECURITY NO.		Sherman	Smi	th	Address Owings	, Mo	d,		
		ediale cause	I	Exposure concovered		weathe	r, b	aby	became		ONSET	AL BETWE	EN VH
CATION	1 - 53-	HER SIGNIFICANT CON								EN IN PAR		PERFO	AUTOPSY RMED? NO K
CERTIF	20g. EXTERNAL CA PRIMARY TO OF CO CAUSE OF DEATH	NUSE WAS ONTRIBUTING	b. DESCRIBE	HOW INJURY OCCUR	RED. (Ent	er nolure of injury	in Port I	or Port II	of item 18.)				
MEDICA	20c. TIME OF INJU Hour o. m. p. m.		While	Not while of work	e. PLACE factory	OF INJURY (Hom , street, office bld	e, form, g., etc.)	20f. (City	or town)	(Co	unty)		(Stole)
	and the same of th	hat I taak charge							spection,	-	ry 🔲,	and	find that
	death resulted from: Natural causes, Accident, Suicide, Homicide, Undetermined cause ACTUAL SIGNATURE												
20	BURIAL, CREMATIC REMOVAL (Specif)	ON, 22b. DATE THEREO		2c. NAME OF CEMETER		Cem	27	2d. LOCAT	Calver) . ,	(Stote)
3,	FUNERAL DIRECTO	R'S SIGNATURE Sewell	Prin	ce Freder	_	240	TE N	REGIST	PAR 246. REGIS		GNATUR	dyc	

Prince Frederick, Md. ode N

VS. A15ME(5) 5M 9/55

Printer of the sections THE PARTY SHARES OF BUILDING Reference of Michigan Charles Michigan Charles

FOR STATE HEALTH DEPT.

O DEPUTY ME. EXAMINER: This certificate should be executed within 24 hours after death. If any delay accessary, please executed executed with firm 18. Give Pages 1, 2, and 3 is the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form, PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

TO DEPUTY ME

VR AISME (5) 1/65

MADVI AND CTATE DEDARTMENT OF HEALTH

	MAKT	LAND STALE DE	EPAKIMENI UF	HEAL	IH	
Division of S	STATISTICAL RESEA	RCH AND RECORD	S. 301 W. PRESTON	STREE	T. BALTIMORI	E 1. MARYLANI
0520			CERTIFICATE			0.05

	0.077
1. PLACE DF DEATH 8. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)
Calvert	a. STATE Maryland b. COUNTY Charles
MARYLAND	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporete limits, write RURAL end give nearest town)
Prince Frederick	Benedict 68 - 1
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)	d. STREET ADDRESS e. IS RESIDENCE
	ON A FARM?
Calvert Co. Hospital	YES NO X
3. NAME DF First Middle	Lest 4. DATE Month Day Year
DECEASED (Type or print) Charles	OF DEATH 1 10 10 CC
s sev le color condities B.	Tippett 1 10 15 bb
NEVER MARKIED NEVER MARKIED	lest birthdey) Months I Dove Moure 1 Miles
male white widowed divorced	3 1906 59 yrs. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR	11. BIRTHPLACE (Stete or foreign country) 12. CITIZEN OF WHAT
dualing most of working life even if retired) INDUSTRY	COUNTRY?
Dartender Kestaurant	Mary land 4.J.H.
13. RATHER'S NAME	14. MOTHER'S MAIDEN NAME
Charles Meals librott	Essie Burroughs
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	INFORMANT Address
(Yes, no, or unkown) (If yes give war or dates of service)	0 11110001011
NO 2 2 6-10-6038 Y	his Essie Suppett Benedict his.
18. CAUSE DF DEATH [Enter only one couse per line for (a), (b), end (c).]	INTERVAL BETWEEN
DADT I DEATH WAS CALLED BY	ONSET AND DEATH
IMMEDIATE CAUSE (8) Crushing of chest W	ith traumatic rupture of aorta
DUE TO	
Conditions, If eny, which (b)	
geve rise to immediate (
cause (a), stating the	
underlying ceuse lest. (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELAT	TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTDPSY PERFORMED?
LA CONTRACTOR OF THE CONTRACTO	YES KI NO I
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONTRIBUTIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONTRIBUTIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONTRIBUTIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONTRIBUTIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONTRIBUTIONS C	RRED. (Enter nature of injury in Part I or Part II of Item 18.)
20a. EXTERNAL CAUSE WAS PRIMARY TO CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCUP	the second second of many in force of the second second
driver in auto-	auto collision
driver in auto-	
8:15 p.m. 1 10 19 66 while Not while stre	y, street, office bldg., etc.)
21. I certify that I took charge of the remains described above, held	an Autopsy 🔀, Inspection 📋, Inquiry 📋, and In my opinion
death resulted from: Natural causes . Accident x. Suice	cide . Homicide . Undetermined manner
	CHIEF MEDICAL EXAMINER
ACTUAL 1100male 11. Sa	22 DATE SIGNED
SIGNATURE	_M.D. Assistant mediate examinent
EXAMINER'S Werner U. Spitz, M.D.	DEPUTY MEDICAL EXAMINER 1/11/66
NAME (Type)	Address (Street, city, town, or county)
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	OR, CREMATDRY 23d LOCATION (City, town or county) (State)
REMOVAL (Specify)	12 Care 12 2 -t. 1 M-1
Buria 1-13-66 37.111079	s cem bryanlown, 111a,
24. FONERAL DIRECTOR ADDRESS ADDRESS	25a. REC'D BY REGISTIAR 25b. REGISTRAR'S SIGNATURE
Hund Turrend Home, Maldoy	Me. DATAN 14 1966 Charles Judge

Liddu 18 13) - Los In a Color transact of the transact of Then the Marke Hill beat to the said and the Comment and the second of the state of the state of the second ter Villerand V. 25 C The said the said the said from the said the sai

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 0521

ı	1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)
1	a. COUNTY	a. STATE () b/COUNTY /
1	Catreel MARYLAND	manyland Calret
I	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
١	Prime-Frederick	Chear speake Beach 04-1
1	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS 0. IS RESIDENCE
J	1 4 4 4 4 1 1 1 1	ON A FARM?
1	Cabrel County Hospilal	YES NO X
1	3. NAME OF DECEASED A First Middle	Last 4. DATE Month Day Year
1	(Type or print) Lelle and White In	ler OF DEATH Jan. 21, 1966
1	F OFY	8. DATE OF BIRTH 19. AGE (10 Years IFUNDER 1 YEAR IFUNDER 24 HRS.
۱		last birthday) Months Days Hours Min.
ı	WIOOWEO DIVORCEO	Jan. 23, 1885 80 yrs.
	10a. USUAL OCCUPATION (Give kind of work done 10b. KINO OF BUSINESS OR during most of working life, even if retired)	11. BIRT HPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT
1	Klomestee Home	South plakota 21.5.C.
١	13. FATHER'S NAME	1 14. MOTHER'S MAIDEN NAME
ı	7//	of A
1	Muknown	Muknown
1	15. WAS DECEASED EVER IN U.S. ARMEO FORCES? 16. SOCIAL SECURITY NO. 17. (Yes, no, or unknown) (If yes give war or dates of service)	INFORMANT Address
1	24 Pm	is Islady, Paddy - Huntingtown, Tred
ı	18. CAUSE OF DEATH [Enter only one cause per line for (4), (b), and (c).]	I INTERVAL BETWEEN
١	PART I. DEATH WAS CAUSED BY:	ONSET, AND DEATH
ı	IMMEDIATE CAUSE (a)	Tay grows Lys
1	DUE TO	
4	Conditions, If any, which) (b) Fallethungs	& Bhillin
1	gave rise to immediate cause (a), stating the DUE TO	
1	underlying cause last.	erhor p
1		TED TO THE TERMINAL DISPASE CONDITION GIVEN IN PART 1(a) 119. WAS AUTOPSY
	E WACON WANTER DOUGH	PERFORMED'S
)	of cheff of the day of the	on agreeted YES NO IX
	PART OF HER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT MEDICAL CONTRIBUTIONS	IRRED. (Enter nature of Injury In Part I or Part II of Item 18.)
	G (IF EITHER, NOTIFY MEDICAL EXAMINER)	
	3 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLA	CE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
1	Hour a.m. While - Not While - facto	ry, street, office bldg., etc.)
ı	p.m. 19 at work at work	1005 1121 12
1	21. I certify that (I) (this hospital) attended the deceased from	9 to 19 that (I) (we) last
1	saw the peceased alive on / /2 1906, and that	death occurred 120 /M, from the causes and on the date stated above.
	22a. SUSNICTURA	22b. DATE, SIGNED
1	The More of M.C.	ATTENDING MED. STAFF PHYS. 1/21/66
1	22c. PHYSICIAN'S NAME (Type) 4/ (// 14/	22d. DDRESS
	NAME (Type) A. W. WARP	Chunh Ma
1		OD ODENIATORY LOCATION (C) Annual Control
	23a. BURIAL, CREMATION, 23b. OATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 231 LOCATION (City, town or county) (State)
	1 Houal Jan - 27, 1966 Wesley Cir	nelery Prince Treckrick, Mel.
	24. FUNERAL DIRECTOR ADDRESS BY	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
	G. U. Harkenlas From Port Republi	i Tuebart AN 25 1966 fellances Judge
-1		

VR AI5 (4) 20M 1/65

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. PLACE OF DEATA USUAL RESIDENCE Where doceased lived, if institution: Residence before (dm/sslon) a. COUNTY b. COUNTY a. STATE MARYLAND Department after death. funeral b. CUT OR TOWN (if outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b c. CJPM OR TOWN (If outside corporete limits, write RURA), and give nearest town) line d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) e. IS RESIDENCE ON A FARM? State hours 00 YES NO MED EXAMINER: This certificate should be executed within 24 hours after death. If any delay recute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. NAME OF Day First Middle DATE Month Yeard the 72 DECEASED J . Edward (Type or print) DEATH 2 with within AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS 5. SEX 6. COLOR OR RACE DATE OF BIRTH 7. MARRIED NEVER MARRIED last birthday) Months Days Hours WIDOWED Mav DIVORCED l and a 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR UNDUSTRY BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? -Maryland Labor pages I in any 13. FATHER'S NAME MOTHER'S MAIDEN NAME Sollars Walter Brown Bertie File 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unkown) | (If yes give war or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT Address permit. removal, Watkins Owings Dorthy -CAUSE OF DEATH [Enter only one cause per line for (a), (b) and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: burial-transit I IMMEDIATE CAUSE (a) DUE TO Conditions, If any, which (b) gave rise to immediate DUE TO cause (a), stating the used as a to burial, 60 underlying cause last. (c) PARTLI. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? 8 NO should be CERTIFI pe EXTERNAL CAUSE WAS OCCURRED. (Enter number of Injury In 20a. PRIMARY Or CONTRIBUTING CAUSE OF DEATH. 3 shoul agent, MEDICAL 20e. PLACE OF INJURY (Home, farm, facyory/street, office bldg., etc.) 20f. City of town (State) TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED While Not White CTOR: Page designated at work at work 21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry and in my opinion for your files. FUNERAL DIRECTOR: F Health or its design Undetermined manner Natural causes Suicide Homicide Accident CHIEF MEDICAL EXAMINER ACTUAL. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATUR

O DEPUTY MED director. retained 0

VR ALSME (5) 5M 1/65

of o

EXAMINER'S

NAME (Type)

FUNERAL DIRECTOR

BURIAL CREMATION, 23b. DATE THEREOF REMOVAL (Specify)

-66

23a.

24.

ADORESS Prince Frederick-Md

Moses

NAME OF CEMETERY OR CREMATORY

REC'O BY REGISTRAR

23d. LOCATION (City, town or county)

AA.

Co.

Address (Street, city, town, or/county)

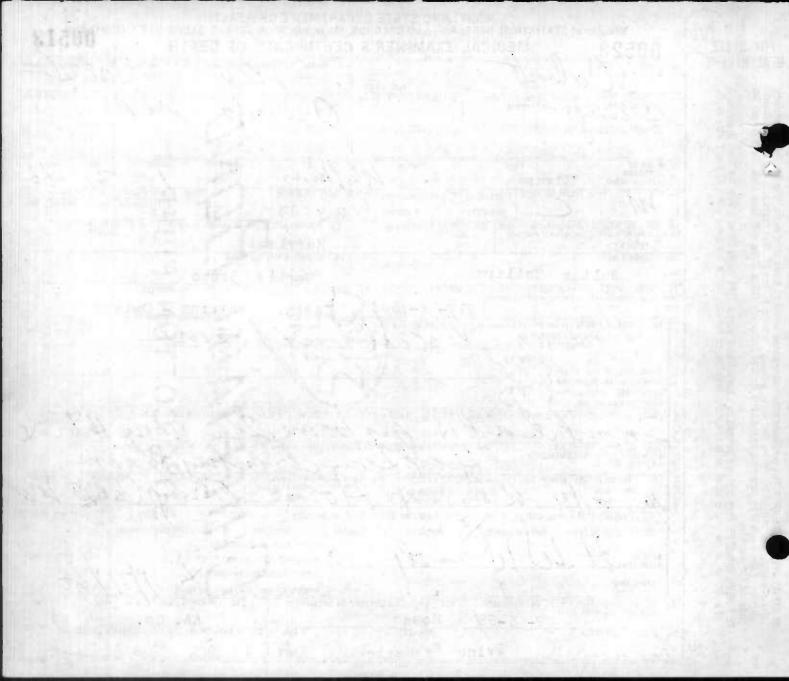
DEPUTY MEDICAL EXAMINER

DATE

25b. REGISTRAR'S SIGNATURE

(State)

Md



the funeral director, should be filed with TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician processing filled page 3 shauld be detached far use as the burial-transit permit. Then please remave carbon pagers. Pages 1 the State Board of Health prior to burial, cremation, ar remaval, and in any event, within 72 hours after death.



requires that the death certificate be executed within 24 hours after death. Page

TENDING PHYSICIAN: The law

TO HOSPITAL OR

VR A15 (4) 1SM 9/59

00523

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

00514

	o. COUNTY Ca.	lvert		MARY	YLAND	o. STATE Mary		ed lived. If institut b. COUNTY		47.		/
		If outside corporate lim	ts, write	c. LENGTH OF STAY	' IN 16	c. CITY OR TOWN (If	outside corp	orote limits, write f	RURAL ond	give nec	arest tow	n)
	RURAL and give no Owi			4 days		Friend	ship	0	7 - 3	7		
	d. NAME OF HOSPIT OR INSTITUTION	TAL (If not in hospitol, otts Nursin				d. STREET ADDRESS		4 6 2			ON A	SIDENCE A FARM?
	NAME OF DECEASED (Type or print)	Fin	171-	se Edna	*	Wood Lost	4. DATE OF DEATH	Jan	uary	00	6	Year 66
S.	SEX Female	6. COHORIOS BACE	7. MAR	RIED NEVER MARRI		pate of Birth	9	9. AGE (In years lost birthdoy) 76 yrs.	IF UNDER Months	1 YEAR Doys	IF UNDI Haurs	ER 24 HR Min.
100	. USUAL OCCUPATION	ON (Give kind of work king life, even if retired	done 10b.	KIND OF BUSINESS	OR INDUSTR	Y 11. BIRTHPLACE (Stot	e or foreign	country)	12. CIT	IZEN OF	WHAT	COUNTRY
	Seamstre			lothing		Friends	hip, l	Maryland		USA		
13.	FATHER'S NAME					14. MOTHER'S MAIDEN	NAME		100		100	
	John S.	Wood				Rosie A.	Ward					
15.	WAS DECEASED EVE	R IN U. S. ARMED FOR		SOCIAL SECURITY NO). 17. INFO	DRMANT	1.1	Add	Iress		000	
(Ye	No	(If yes, give war or dates of s	ervice)		Mr.	James Woo	d	Friends	hip,	Mar	ylan	d
		ATH Enter only one co	use per l	ine for (a), (b), and (c)	.1					INTI	ERVAL BE	ETWEEN
		TH WAS CAUSED BY:	1	no Italus	10	believe 1	Mari	nma		ONS	SET AND	DEATH
	1000	IMMEDIATE CAUSE (d		vane un	(pune i	1000	mma	_		-	
	1792	DUE TO		1111								
	Conditions, if ony, which gave rise to immediate (b)								-			
	cause (o), stating											
	lying couse lost.) (0)									
CATION	PART II. OT	HER SIGNIFICANT CON	DITIONS	CONTRIBUTING TO DE	ATH BUT N	OT RELATED TO THE TER/	MINAL DISEA	SE CONDITION GI	VEN IN PAR	?T 1(a) 1	PERFC	AUTOPS DRMED?
CERTIFI	20a. ACCIDENT W/OR CONTRIBUTING	AS UNDERLYING AS CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	SCRIBE HOW INJURY C	OCCURRED.	(Enter nature of injury in	n Part I or Pa	ort II of item 18.)				
MEDICAL	20c. TIME OF INJUR Haur o. m. p. m.	RY Month, Day, Ye	While	Not while		PLACE OF INJURY (Home, farm, factory, street, affice bldg., etc.)						
	21. I certify the	1) atten	1		sty 7 1 1		/	19 d			
	220. SIGNATURE	Sink H.	Inla	m.	M.	ATTENDING	MED.	STAFF		,		SIGNE
	22c. PHYSICIAN'S NAME (Type)	Emily H	Wil	lson		22d. ADDRESS Lothian	, Mar	yland				
236	BURIAL, CREMATIC REMOVAL (Specify) Burial			23c. NAME OF CEM		CREMATORY Cemeter		ATION (City, town,		vla	(Sto	te)
24.	FUNERAL DIRECTOR			ADDRESS	The Colo		C'D BY REGIS		ISTRAR'S SI			
1	+ 1stehen	N Frimera	& He	menuinas	Mar	mand plan	119	1966 660	ion, il 2	1 00	418	

